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Prevention at the Grassroots:

CONCERNED PARENTS, CONCERNED YOUTH, CONCERNED PEOPLE

Something new began happening on the drug scene beginning about four to five years ago when concerned parents began asking themselves what they could do about drug abuse in their own backyards—and then doing it. Today—if the story ended here—it could still be called a success story.

Parents had long been concerned about their children's infatuation with chemical highs. For years they had felt powerless to change a drug culture that had become so large a part of mainstream culture, but they began trying. How the parent movement started, grew, matured, went national, and went political has been noted by *Prevention Resources* (Volume II, Numbers 3 and 4, Winter 1978 and Volume IV, Number 3, Fall 1980). How the multivaried strands of the parent movement are coming together, intertwining, and making a new social fabric is the scope of this report on the momentum and new directions of the concerned parent movement.

During the first nine days of November 1981 there were six major conferences or meetings that reflect upon the impact of the parent movement on drug abuse prevention policies and strategies on State, regional and Federal levels.

- November 2, 3, 4 — "Working with Families: Drug Abuse Prevention Strategies," sponsored by the Wisconsin Prevention Network of the Bureau of Alcohol & Other Drug Abuse, Prevention and Training Unit, Division of Community Services, Department of Health and Social Services. The 3-day workshop was designed for parents and professionals to help them understand better the strategies, programs, and activities that strengthen families and prevent drug abuse. In Wisconsin most prevention efforts had been aimed at youth in the schools with parents and family as a secondary focus.

- November 4, 5, 6 — A Family Collaborative Workshop was sponsored by the National Institute on Drug Abuse (NIDA) Prevention Branch, the first of four regional workshops for parents and professional drug abuse preventors to be held during the current fiscal year.

- November 5 and 6 — "Prevention Through Education," a Midwest Drug Education Conference sponsored by the Assistance League of Omaha; PRIDE-Omaha, an organization of parent groups; Creighton University; and the Post-Graduate Seminar of the Medical Staff of Childrens Memorial Hospital. This conference brought together parents and professionals from 11 Midwest States to hear presentations from some of the country's top authorities on drugs and alcohol and prevention of abuse. Among the prestigious national and local speakers was Carlton E. Turner, Ph.D., Senior Policy Adviser for Drug Policy, the White House Office of Policy Development, former director of NIDA's Marijuana Research Program.

- November 6 and 8 — The Governor's Conference on Black Parents and Substance Abuse, sponsored by the Alcohol/Drug Abuse Services of the Kansas Social and Rehabilitation Services, with the cooperation of the Kansas Black Alcoholism Council, Inc., the Topeka chapter of Jack and Jill of America, Inc., the Topeka chapter of the Black Nurses Association, and the Topeka chapter of Links, Inc. The theme was "Grassroots: Parents Pulling Together."

- November 6, 7, 8 — First Annual Florida Informed Parents Conference, hosted by the Sarasota County Informed Parents, and described as the first State conference of parents involved in combatting drug problems.

(Continued on page 3)

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Prevention at the Grassroots (Continued from page 1)

- November 9 — National Federation of Parents for Drug-Free Youth (NFP) Board of Directors, met with First Lady Nancy Reagan in the White House state dining room for an hour-long discussion. At the end of the meeting with 32 of the 35 members of the NFP Board, Mrs. Reagan promised to continue her support for the excellent work being done by groups of parents organized to combat drug abuse. President Reagan had already pledged his support to the NFP which he described as "one of the most effective groups in the Nation."

William Pollin, M.D., Director, National Institute on Drug Abuse, has credited the parent groups for playing a significant part in the recent decrease in marijuana use by young people. Speaking before the Subcommittee on Alcoholism and Drug Abuse, Committee on Labor and Human Resources, United States Senate (October 21, 1981) on the health and educational effects of marijuana on youth, Dr. Pollin reported that in the view of the Nation's most experienced researchers, the U.S. now has the highest level of marijuana and other drug use among young people of any developed country in the world. He reported the latest findings of the High School Senior Survey and the National Household Drug Abuse Survey and cited the indications that a gradual decrease in marijuana use is occurring among young people. In 1980, 9.1 percent of high school seniors reported daily marijuana use, a decrease from 10.3 percent of the seniors who reported daily marijuana use in 1979, and a decrease from the 10.7 who reported daily marijuana use in 1978. Figures for 1981 continue to show this downward trend; the latest statistic for daily use has dropped to 7 percent. Dr. Pollin attributed the decrease to increasing health concerns, to a decrease in perceived peer acceptance of regular marijuana use, and certainly the parent groups played a significant part, he added.

In the formative stage of the parent movement marijuana was the drug around which parents were able to organize protest, for a variety of reasons. However, as the movement has matured, parent groups are widening their focus and moving away from single issues, such as legislation outlawing paraphernalia shops. (See chronology, How the Parent Movement Evolved, page 11.)

The present parent movement covers a wide spectrum of concern and activity. Some groups are engaged primarily in legislative and other political action. Others are concerned with improving parent/child communication and with developing parent skills. This diversity is the strength of the parent movement. While political activists are tackling such issues as decriminalization of marijuana, getting legislation passed to outlaw paraphernalia shops, and countering official "soft" policies on drugs and enforcement, other advocates are pressuring publishers and nonprint media to remove prodrug messages from literature and music. Thus parent groups are improving their skills in many ways and are sharing their new skills and knowledge generously with one another.

Parent groups help one another organize for action, and provide models of local actions that seem effective in mobilizing local public opinion. Such efforts may include surveillance such as informal neighborhood watches, more systematic court watches and monitoring of law enforcement agencies, local radio and television stations, school curricula, media and entertainment, and library information on drugs. Many parent groups are working closely with school systems and in school and classrooms, or with PTA's. Parent groups are also forming in churches and synagogues. Business and industry are cooperating with parents in various ways such as sponsoring parenting skills workshops and youth programs such as Channel One.

The various strands of the parent action groups have been strengthening the prevention capabilities of families, communities, schools, churches, voluntary agencies, and governmental officials concerned with the drug problem—at all levels from the grassroots through the State and Federal levels.

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Experiences in Collaboration

In different ways and in different places parent groups and prevention professionals are working together and with other community groups and agencies to prevent and intervene with drug and alcohol abuse even as funds—always short—are cut back further. The challenge is to do more with less. The following are examples of collaborative relationships.

NIDA's Family Collaborative Workshops

NIDA's Family Collaborative Workshop series, the first of which took place November 4, 5, and 6 in Reston, Virginia, brought together approximately 150 participants—representatives of parent groups, local prevention and treatment professionals, single State agency (SSA) directors, State Prevention Coordinators (SPC's), and NIDA officials. In the first workshop the emphasis was upon State team development to deal with drug abuse problems faced by families. A State team may include, for example, the SSA, the SPC, an active parent organizer, an expert in family drug abuse problems, and a prevention professional. The team may also include young people active in prevention, and representatives from private industry who have demonstrated concern for youth and family prevention efforts. A working session was devoted to the development of a Collaboration Guidebook to assist States in the development of drug abuse prevention and intervention teams. During the initial workshop presenters and panelists described several examples of existing collaborative models.

National Federation of Parents for Drug-Free Youth

A valuable resource for grassroots programs and single State agencies is the National Federation of Parents for Drug-Free Youth (NFP). This broadly based network, established in 1980 by leaders of the parent movement, is directed by a working board of 35 dedicated members and coordinated by paid staff from the national office in suburban Washington, D.C. Presently about 1,000 parent groups are affiliated with the Federation. NFP is fully supported by its members and contributions from the private sector. Its activities promote the formation of local groups of concerned parents and provide information for parents, adolescents, and children about the harmful effects of drugs. Services include ongoing representation on Capitol Hill and regular news updates on pertinent legislative matters. (See *Prevention Resources*, Fall 1980 and Fall 1981.)

National Parents Resource Institute on Drug Education, Inc. (PRIDE) Atlanta, Georgia

This program for parent education and mobilization is a resource, information, conference, and training organization which works in cooperation with Georgia State University, Atlanta, Georgia. PRIDE was started in 1977 by two Atlanta parents, Dr. Thomas J. Gleaton and Dr. Keith Schuchard. PRIDE has been a "first" in several efforts:

- the first resource center in the country to focus on the education and mobilization of parents for the prevention of adolescent drug abuse
- the first conference to bring updated scientific research on the health hazards of marijuana to parents attempting to counter the mythology that has grown up around the "harmless weed"
- the first grassroots parent organization to provide on-site consultation services to parent groups throughout the United States.

Cofounders Gleaton and Schuchard have contribued significantly to the success of the parent movement through their dedicated professionalism and their collaboration with the medical and scientific research communities. Their efforts have helped make research findings understood by lay persons concerned with drug research and clinical findings. PRIDE has made accessible up-to-date information on research and effective prevention/intervention strategies to interested persons and parent groups across the country and in other countries. Dr. Gleaton is Associate Professor of Health Education, Georgia State University. Dr. Schuchard is author of *Parents, Peers and Pot* (under the name Marsha Manatt), published by the National Institute on Drug Abuse. To date 650,000 copies of the book have been disseminated, and a third printing has been ordered.

Florida Informed Parents

A guiding force in Florida is Naples Informed Parents (NIP), founded in 1977 by Bill and Pat Barton, with assistance from the fledgling PRIDE/Atlanta. In 1981 the State of Florida's Drug Abuse Office contracted with Naples Informed Parents to provide technical assistance to emerging parent groups in Florida, and to share information and resources. One way NIP set about the task was to launch the First Annual Florida Informed Parents Conference, held in Sarasota, November 1981. The conference was structured so that each registrant had an opportunity to work with an expert in the drug abuse field. A clue to the changing nature of parent/professional relations is that parents served with professionals on the panels, and most of the presentations were by grassroots leaders. More than 60 parent groups comprise Florida Informed Parents consortium.

Operation PAR/Channel One

Elsewhere in Florida another kind of collaboration is happening. In Pinellas County, Operation PAR (Parental Awareness and Responsibility, Inc.), St. Petersburg, is working through a spinoff of Channel One to upgrade the awareness and information of parents. Channel One funded a Parent Awareness Resource Center which is staffed by PAR volunteers and coordinated by Sigrid Donahue, a volunteer. The center serves PTA's, parent action groups, schools, and churches. The original connection with Channel One was through Prudential Manager Chester Brandt who serves on PAR's board of directors. Since its founding 12 years ago PAR has conducted parenting skills development training courses. The new PAR Center is making possible a wide range of school/community prevention programs. PAR-trained volunteers have spoken to students in all high schools, and almost all of the middle and elementary schools in the county. PAR offers parents free or low-cost training in the Systematic Training for Effective Parenting (STEP) program. Thus PAR is a wheel within a wheel in Florida, with the potential for reaching more than 525,000 persons in Pinellas County. Shirley Coletti, Founder of PAR, and Pat Barton serve on the board of directors of the National Federation of Parents for Drug-Free Youth. Bill Barton is president of NFP.

Alabama's Collaborative Approach

Gail Ellerbrake-Willett, Alabama's State Prevention Coordinator, used PRIDE/Atlanta and Florida Informed Parents as models for a statewide consortium of parent groups, Alabama Families in Action. The key to the Alabama team approach is the involvement of all segments of the population. A statewide conference scheduled for the fall of 1982 will bring together parent leaders, prevention professionals, community leaders, law enforcement agencies, recreation workers, educators, and youth workers. The main objective of the conference is to make all segments aware of the drug problem in the state and to mobilize a collaborative effort to deal with the problem on all fronts. Toward that goal the SPC is working to provide concise, clear, accurate information about drugs to be disseminated so that all segments will have access to reliable information. The overall approach to prevention is to bring parents and professionals together with an emphasis upon the promotion of healthy family development. One important step is getting local communities to accept the fact that drugs are a problem, even in rural and small town areas. Ms. Ellerbrake-Willett has applied to the local ACTION program to have VISTA volunteers assigned to help the State develop low-income parent groups. The State will also use the existing Community Mental Health Centers as well as the seven active Channel One programs that have become a significant force in drug abuse prevention in Alabama during the past three years. VISTA volunteers funded by ACTION will be trained as Channel One directors when NIDA's startup money for Channel One programs is depleted.

Experiences in Collaboration

PRIDE-Omaha, Nebraska

PRIDE-Omaha, modeled after the Atlanta PRIDE, was instrumental in launching a new regional drug education conference that looks as though it will be an ongoing process. PRIDE-Omaha's collaborative process began when they enlisted the Assistance League of Omaha as sponsor of the Midwest conference. The Assistance League of Omaha is a group of highly talented and motivated women who have broad experience in putting on conferences. Things started falling in place. The League, in cooperation with PRIDE-Omaha, Creighton University, and the medical staff of Childrens Memorial Hospital, gained the endorsement of the Metro Omaha Medical Society and the Nebraska State Bar Association. Original plans called for invitations to be sent to potentially interested participants in five midwestern States. Modest hopes were for as many as 300 participants. But word got around, and there were 450 advance registrations from 11 States. Mary Jacobson, cofounder of PRIDE-Omaha, credits the professionalism of the Assistance League for the success of the conference, but she also points out that the Midwest was fertile ground for the "Prevention through Education" conference. She felt that even the "old hands" at such conferences, such as Thomas J. Gleaton, Jr. and Robert L. DuPont, were excited and reinvigorated by both the "fresh air and the fresh territory" for spreading the prevention message. The high caliber of the multidisciplinary faculty, the mix of local and national leadership, and the involvement of concerned parents reinforced the notion that prevention is literally everybody's business. The 2-day course was approved for 1.32 Continuing Education Units by the Creighton University School of Medicine, Division of Continuing Education, and the Division on Alcoholism and Drug Abuse approved the workshop for 12 contact hours that can be used for counselor certification. In recognition of the outstanding leadership provided to the concerned parent movement, PRIDE-Omaha made a special award for service to Dr. Gleaton.

SAPÉ, Louisiana State Department of Education

The accent, according to the one who named the program, was not only a pronunciation aid, but a way to accent education in this acronym for Substance Abuse Prevention/Education. The program is wholly funded by the State of Louisiana, and works through the office of George Ray Clements, director of the Bureau of Student Services, State Department of Education. Benny McArdle is coordinator of SAPÉ. In addition to a central staff of three, there are 17 regional coordinators in the field working in the two arms of SAPÉ—primary prevention and intervention. SAPÉ's commitment to both segments of the continuum involves parents. Much of SAPÉ's work has been made much easier by the cooperation of the PTA's and other volunteer groups such as the Junior League and the Medical Auxiliary.

A K-12 curriculum was piloted during the spring semester, 1982, which will complement the comprehensive health education curriculum. A prime target for the course, which runs from 6 to 9 weeks, are middle schools. The approach is both cognitive and affective, with a strong emphasis on the latter for K-3 and for sixth and seventh grades. The curriculum guide requires only 1-day in-service training, and staff can handle up to 200 teachers per workshop. The course is adapted for use in math, social studies, and English, as well as for health education.

SAPÉ is spread throughout the State by the regional coordinators working with school administrators in a team format that includes the administrator or assistant, guidance counselor, interested and committed teachers, support personnel from the school, and a parent who serves as liaison to other parents in the school community. More than 350 teams have been formed and trained during the current school year.

The response to SAPÉ's peer education program by young people has been remarkable. The 20-25 junior and senior high students trained last year in Lake Charles were in the vanguard of students attending the seventh Annual Southeast Drug conference in Atlanta in April 1981 who started a youth wing of the National Federation of Parents for Drug-Free Youth—Youth For Drugfree Alternatives. When the Lake Charles High School 1981-1982 academic year started, 80 high school juniors and seniors volunteered for the SAPÉ peer education program. SAPÉ is moving ahead with courses for parents, for teachers, and for youth. It also acts as the clearinghouse for Youth For Drugfree Alternatives.

Texans' War on Drugs Committee (DARE)

The Texans' War on Drugs Committee was created by Governor William P. Clements, who appointed H. Ross Perot as chairman. Mr. Perot, a Dallas businessman and philanthropist, invited Brigadier General Robinson Risner (Ret.) to form and serve as executive director of the action arm of his committee, the Drug Abuse Research & Education (DARE) Foundation. DARE has been instrumental in establishing and strengthening community families-in-action coalitions throughout the State. In January 1981, the Texas Congress of Parents and Teachers (PTA) joined forces with DARE and the already established local groups in their efforts to fight drug abuse. Working through regional field coordinators from the DARE Foundation and 52 members of the Texas PTA State board of managers, teams of two representatives from each local PTA were trained as school coordinators. After these teams of school coordinators have been trained at district workshops, they return to their respective PTA or campus and form a campus/community team consisting of the following: the PTA president, a law enforcement officer, a medical representative, a school administrator, a school counselor or popular teacher, a community resource person, and the two school coordinators. The expanded team is selected from a roster of parents, if possible, and is then provided with information and training by the school coordinator. Parent peer group leaders are identified, recruited, and organized. These parent goups are given follow-up training and technical assistance by the campus/community team, school coordinators, and the PTA project coordinator.

Using this structure, DARE had in operation by the end of September 1981, 110 active community coalitions, 53 steering committees, and 48 known parent peer groups working to stop drug abuse in Texas communities. Headquartered in Austin, DARE has regional offices in Dallas, San Antonio, San Angelo, Odessa, and Amarillo, headed by regional field coordinators. The coordinators keep in contact with community leaders, set up public meetings, and make presentations. After an initial meeting, the field coordinator will assist parents and other concerned citizens in organizing neighborhood groups for the purpose of eliminating drug abuse among adolescents. DARE seeks assistance and cooperation from all agencies, community leaders, and concerned citizens who are involved with youth and who want to help reach the organization's goal: to provide a drug-free, healthy environment for the children of Texas. A package of legislation developed by the Texans' War on Drugs Committee was successfully enacted in the recently completed regular session of the 67th Texas Legislature. (See Box on page 12.)

DeKalb (Georgia) Families in Action (DFIA): A Typical Pattern of Growth

Before a parent group becomes a model for other communities to emulate, it goes through a developmental process. There is a cyclic development in the process that allows for individual parents to enter the movement at any point. The cycle goes something like this:

- Parent acknowledges that a drug problem exists. There is a jolting experience in the community or home. The parent looks for help close to home.
- Finding other parents equally concerned, the parent musters support to take action at the most visible target in the community—often paraphernalia shops are the rallying point for groups of parents to mount local campaigns.
- Parents then discover the pervasiveness of the durg culture, and, in looking at the extent of the problem, they begin to criticize traditional agencies for not having stopped the problem before it became so threatening. At this time they perceive a societal permissiveness that gives tacit approval of "do drugs" messages. At this point parents feel the need to involve many more parents—a consciousness-raising period that makes possible the recruitment of other concerned parents.
- Forming a loose organization—sometimes attached to the PTA, church groups, or neighborhood associations—is the next process, the beginning of a local network of members with ties to such volunteer groups as the Junior League, Medical Auxiliary, and service clubs.
- A period for setting goals, standards, codes of behavior for parents and children. Guideline preparations emphasize family discipline and vigilance.
- Parents learn to discriminate between specific drug behaviors and normal adolescent behavior.
- Outreach to schools—both as helpers, and to use the schools as resources for information and training.
- Looking for school prevention programs, improved curricula, and alternatives to drugs.
- Going about getting training in family development and parenting skills.
- Getting technical assistance in organizational and advocacy skills.
- Developing or disseminating materials suited for local target groups, or locating resources with information and training materials.
- Becoming a resource and technical assistance provider to help other parents organize.

Experiences in Collaboration

This process has made it possible for new parent groups to form without having to go through the process of "reinventing the wheel" or cycle.

The above cycle is virtually the outline of development taken by the DeKalb Families in Action (Decatur, Ga.). Sue Rusche, a founder of that group, laughs now at how little they knew when they started out a mere four years ago. Now DFIA is suffering from information overload and is seeking funds to transfer their documents into a data base. When the Library of Congress approached them to get permission to list DFIA as a national referral center for drug abuse information, they did a hasty count of documents that totaled more than 70,000 separate items, not counting books and pamphlets.

During the first two years DFIA was funded by pocket money of members, plus the $1,500 they were able to raise locally. But Sue Rusche began charging fees for her speaking engagements and the famous "bong shows" she has presented widely, and last year her lecture fees alone provided $14,000 to the operating fund of DFIA. In addition, DFIA marketed the manual they created to help other communities form parent groups. So far they have sold more than 3,500 copies in all 50 States and in many foreign countries and U.S. territories.

NIDA's Involvement in the Parent Movement

The National Institute on Drug Abuse (NIDA) has actively supported parent groups, and has encouraged parents to become involved in prevention from the very beginning of NIDA's existence. This close relationship is continuing as State drug abuse agencies are increasing their responsibilities in prevention. The relationship of NIDA to parent groups is reciprocal—NIDA has used the expertise of concerned parents in an advisory capacity, and has offered parent groups technical assistance, research information, and literature. The Pyramid Project of the Prevention Branch has facilitated a continual flow of information and consultation from and to the field, serving to keep the Federal agency, the single State agencies, and parent groups in touch with changing needs, resources, and opportunities.

Support to parent groups has been provided in various ways. William Pollin, M.D., Director of NIDA, and his predecessor, Robert L. Dupont, M.D., have championed the involvement of parents in drug abuse prevention. In 1979 NIDA published *Parents, Peers, and Pot*, by Marsha Manatt, Ph.D. (Keith Schuchard), one of the early driving forces of the movement. The Prevention Branch's series of workshops for parents and professionals drew on the wisdom of parents in the planning and implementation processes. During 1981 and 1982 NIDA assisted the SSA's and SPC's by preparing a smooth transition to the State level as new funding arrangements are carried out through block grants. A series of conferences and workshops planned for this transfer of responsibility has begun. Other elements in the support system include:

- NIDA-sponsored Family Collaboration Workshops are continuing through 1982
- NIDA-funded State Prevention Coordinators are assisting in the development of State and regional networks of parents
- The Pyramid Project is funded to provide technical assistance and information sharing through 1982
- The Center for Multicultural Awareness is providing minority parent groups assistance and information during the remainder of the contract term.

Through conferencing, networking, training seminars, workshops, and advocacy, Federal and State agencies are working together with revitalized parent groups. During the process of becoming better acquainted, agency people, prevention professionals, and parents are becoming increasingly comfortable in expressing their opinions.

Linkages are being made not only between parents and professionals, but parent groups are helping other parent groups, and are working with schools, business groups, researchers, law enforcement and justice systems, and the media. Whenever and wherever these encounters take place, mutual learning happens, and chances become better that the overall pattern of drug use may trend downward as has happened in the case of marijuana.

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Prevention Professionals vis-a-vis Parents

The approaches and experiences of professionals and parents may differ in some degrees and respects, but for the goals they have in common to be achieved, it is clear that professionals and parents must work together. They have done so in Montgomery County, Pennsylvania, in the Community Education and Prevention Services (CEPS), a prevention program of Eagleville Hospital, a major drug and alcohol hospital near Philadelphia. Charles L. Durban, director of training for Eagleville described their experiences in developing and working with approximately eight parent action groups in the county, and outlined some of the lessons derived from that experience. The following excerpt is from his speech, "Parent Action Groups and the Prevention Professional," presented at the National Council on Alcoholism (NCA) 1981 Annual Forum, New Orleans, Louisiana, April 12, 1981. Mr. Durban's follow-up to this presentation is "Second Generation Goals for Parent Groups" which he prepared for the 1982 Annual Forum of NCA.

Parent Action Groups

We have been active in helping to develop and work with approximately eight parent action groups in our county of about 700,000 residents. These groups are quite individual and have different names, directions, and structures, but all share the common goal of drug and alcohol [abuse] prevention. These groups meet periodically to share ideas, form a supportive network and work together on common goals such as the support of the State antiparaphernalia legislation and community forums. Some important lessons have developed out of the growth of these groups.

One important lesson is that these groups are, and need to be, parent-centered. The leadership must come from the parents and be controlled by them. As prevention professionals, we have worked as consultants, helpers, fellow planners, and resource people. However, we do not take a role of telling the parents what they should do. We offer suggestions, share our experiences, and help to sort out the specific goals and priorities each group wants to accomplish. For example, one group formed initially to decrease the number of parents serving liquor to minors at parties. Another group organized as a direct result of a visit by Sue Rusche, President of the DeKalb Families in Action program. Other groups developed spontaneously to increase awareness or to attack a specific problem (e.g., a head shop in a shopping mall). They have such names as Committee of Concerned Parents, Colonial Families In Action, and Perkiomen Valley People Care.

A second important and related lesson is that each group has different needs and different objectives. They vary a good deal in their specific structures and strategies in confronting the common problem. These differences are important to recognize and accept. When these groups can share their unique experiences, they can decrease the incidence of "recreating the wheel" and acknowledge that some programs have a high risk of failure and a low potential for payoff. Our experience has shown that parents are often ***more effective*** than the prevention professional in communicating these things to each other. So one of the purposes of the different groups getting together is to share information on what works and what doesn't. A good example of this occurred with visits to several of the school districts in Montgomery County by an antidrug activist. Experiences in one district were shared with other groups resulting in better preparation and follow-up for his subsequent visits. It also helped to alert us to the potential negative aspects of his visits.

Another factor, and one which I will develop more fully later, is the importance of the parent action groups forming strong liaisons with other community systems such as churches, school districts, law enforcement agencies, and, of course, treatment and prevention programs. The more we develop prevention and education programs, the more we see how they must address drug abuse not only on an individual or small group basis, but on a large group and even a societal level.

One of the most dynamic aspects of parent action groups has been their recognition that prevention must take on the task of promoting certain societal changes to be truly effective. In a word, prevention must become political, and herein lies the rub. Prevention professionals have traditionally been non-political and anchored in an individual or small-group-centered humanistic foundation. The political realm has been unexplored or even considered with an antagonistic attitude. Also, prevention professionals are often unable to become political

(Continued on page 10)

Prevention Professionals vis-a-vis Parents

due to organizational, personal or professional constraints. On the other side, parents have been quite willing to jump into the political arena with both feet and, in fact, come up swinging. A common reaction of many parent groups is to find the nearest scapegoat and pounce on it. Quite often this has been the school system or perhaps law enforcement agencies. With growing sophistication, the head-on attacks subside but the political element remains very active.

One of the problems of such public action by parent action groups can be illustrated by the way they have concentrated on the marijuana issue. I understand and share the concern, and I also see the benefits of politicizing the pot issue. Through this politicizing, there has been more attention focused on drug and alcohol problems in general, and thus more money for research and more debunking of the myth of pot as the harmless giggle. However, I also see the dangers. First, alcohol was, is, and will be our biggest drug problem among youth. I would hate to trade a decrease in pot use for an increase in alcohol use. I want to prevent the abuse of both substances, or any dependency by our youth on chemicals. Secondly, we cannot afford the loss of credibility if we talk about how dangerous pot is for our children but downplay the problems with alcohol. We also cannot afford to ignore the obvious fact that many adults continue to smoke tobacco cigarettes addictively while loudly crying out the harmful effects of pot. It is often acknowledged that youthful substance abuse is a reflection of the level of adult substance abuse. Once again, we cannot effectively prevent one without working on the other.

At this point, it would be helpful to discuss the various ways that prevention professionals and parent groups can work together. First, parent groups can often accomplish or at least try things that prevention professionals are unable to do. For example, it is unlikely that a prevention professional would picket a paraphernalia or head shop. There are legal restrictions, possible problems with boards of directors, and other restraints. Parent groups can also be very effective in their influence on school districts. Prevention professionals can be seen by school administration as somewhat self-serving and it is easier to deny that a drug and alcohol problem exists if a prevention professional is the only one to excavate the monster. It is not so easy to deny a problem if a well-organized parent group, in a firm but nonthreatening manner, begins to make proposals for decreasing drug and alcohol problems in the school.

Second, parent groups can promote effectively the increased use of professional prevention services. As these groups develop, they have often turned to the prevention professional to utilize our services. This is contrary to the initial fear of prevention professionals . . . that parent action groups would in effect become vigilante groups that could destroy much of what they felt had already been accomplished. They thought that parents would come in with whips in hand, reinstate very restrictive and authoritarian sanctions, and simply drive the drug and alcohol problems underground.

Some parents do want to blame everyone, dismantle professional programs, and devalue humanistic methods of prevention. However, the great majority of parents are not headhunters or merciless commander generals. They are very concerned and very eager to learn what people working in prevention have to offer. In fact, I would say to prevention professionals, if you are really concerned about parents becoming vigilantes, get into the arena and help ***prevent*** it. If there are problems and disagreements, discuss them openly and work toward a compromise position or at least a mutually acceptable agreement that does the most to utilize the resources of each group.

That brings us to the third point. Most prevention professionals have fairly limited resources. Yet parents are an excellent resource and they have access to other resources which can be used to help work on this huge challenge of drug and alcohol prevention. At one meeting of the first parent group to form, almost 800 parents showed up. In Annapolis, Maryland, over 900 parents attended an initial community meeting. Obviously these numbers are one-time occurrences but out of such a large response, a core of committed parents can be generated. This type of group has enormous potential for change at the level of the home, the community, the school, and even on a larger societal level. For a prevention professional to ignore or downplay this potential is to radically limit the purpose and effectiveness of many prevention programs.

With this sense of community power in mind, I think prevention must be seen on a larger scale than we have traditionally envisioned. As prevention professionals, we must develop mechanisms to harness this community energy—not only for philosophical support, but for political, financial, and manpower support as well.

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Some Things Parent Groups Have Helped Make Happen

- Reduction in daily marijuana use by high school seniors, from 10.3 percent to 7 percent, following a period of dramatic increase.
- There are now 31 States with antiparaphernalia laws, and uncounted local ordinances against paraphernalia shops.
- Several publishers have changed editorial policies and revised books and pamphlets, especially updating research information about marijuana as a result of parent groups critical of outdated or subtly prodrug messages that seem to accept drug use as inevitable.
- Parent groups have exerted political pressure to see that local library budgets are increased for the purchase of updated drug abuse prevention literature.
- Parent groups have developed their own informational and educational materials and clearinghouse.
- ***Reader's Digest*** reports that the article that has drawn the most request for reprints in its entire history—over 3 million—was Peggy Mann's "Marijuana Alert" published in December 1979, an item heavily promoted by word-of-mouth and newsletters in the concerned parent network.
- Several important bills under consideration by the 97th Congress are being lobbied by the legislative committee of NFP and Committees of Correspondence, namely:

  Posse Comitatus—which would allow for certain proscribed military assistance to law enforcement activities directed against drug trafficking.

  Paraquat—an amendment to the Foreign Assistance Act of 1961 which would allow foreign countries to use U.S. aid to finance herbicidal spraying of their illegal marijuana crops.

  IRS—the IRS bill (S 732 and HR 1502) would allow the Internal Revenue Service information to be used in assisting Federal law enforcement officials in combating narcotics trafficking.

  Marijuana as Medicine—HR 4498 would legalize the domestic cultivation and importation of marijuana for medical, scientific, and research purposes. It would change the classification of marijuana from a Schedule I to a Schedule II drug.

  Drunk Driving—HR 2488 and S 671 would set mandatory minimum standards for the punishment and rehabilitation of drunk drivers. These bills encourage uniform standards nationwide to assist the States in coordinating comprehensive alcohol/traffic safety programs.

A Chronology of Growth: HOW THE PARENT MOVEMENT EVOLVED

1977 The summer Atlanta parents first begin organizing parent peer groups, the experience described in ***Parents, Peers, and Pot***.

The Naples parents organize as the first parent group in Florida using the Atlanta model.

1978 NIDA responds to Keith Schuchard with a plan to help her document the Atlanta experience.

Georgia State University's first conference on "Family vs. the Drug Culture."
DeKalb Families in Action is founded.

NBC consults with concerned parents in Georgia, Florida, and Ohio for the documentary, ***Reading, Writing, and Reefers.***

1979 Parent groups across the country promote anti-paraphernalia laws and ordinances and confront the media for promoting a drug culture.

Newspapers begin to take note of the parent movement and journalists such as Peggy Mann begin to publish articles in popular magazines.

The parent movement is acknowledged as a national phenomenon as new groups emerge throughout the country.

White House Office on Drug Policy endorses the parent movement.

Parents, Peers, and Pot is published by NIDA and widely distributed and read by parents.

NIDA hosts first family forum on drug abuse in Washington, D.C.

1980 National Federation of Parents for Drug-Free Youth is founded in April, with an office in Florida to assist more than 300 known parent groups.

Efforts are made in California to enlist multicultural families.

New count of parent groups reaches 600.

NIDA sponsors the first family conference to showcase the newly formed National Federation of Parents for Drug-Free Youth.

"Good Morning America" (ABC) Network Program features a week-long television series on the parent movement. Bill Barton mentions the NFP starter kit to help parents organize, and gets 18,000 requests for the kit.

Sen. Charles McC. Mathias, Jr. (R-Md) introduces NFP to both houses of Congress.

Founders of Atlanta movement receive NIDA Pacesetter award.

Parent groups continually increase and statewide networks and coalitions are developed (Alabama, California, Florida, Texas).

1981 National Federation of Parents for Drug-Free Youth opens suburban Washington, D.C. office, and begins lobbying.

Kansas Governor's Conference on Black Parents and Substance Abuse promotes involvement of Black parents in grassroots prevention effort.

Business and industry begin cooperating with parent groups. Channel One programs in several States link up with parents to develop local drug abuse prevention programs.

7th Annual Southeast Conference, Georgia State University, Atlanta, Georgia, attracts parent participants from 32 States. Youth panel discussion results in the formation of Youth for Drugfree Alternatives.

National Head Start Conference, Los Angeles, features a workshop by Vonneva Pettigrew on ***Drug Abuse: A Family Affair*** that sparked the interest of low-income and minority parents in starting risk-reduction/prevention programs for Head Start parents. Subsequent workshops repeated at regional and local Head Start conferences.

Six major conferences coincide in November on parents/family collaboration in drug abuse prevention.

1982 Three regional Family Collaboration Workshops continue NIDA's commitment.

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TEXANS' WAR ON DRUGS
Legislative Package Enacted by the 67th Texas Legislature

Delivery to Minors — This new law significantly toughens penalties against adults who deliver marijuana or controlled substances in Penalty Groups 1, 2, or 3 to persons 17 years of age or less. Persons convicted of such deliveries will be subject to first degree felony penalties under the new statute. In addition, there will be no deferred adjudications permitted for such convictions, assuring that persons convicted of delivering these drugs to minors cannot avoid a felony conviction record.

Trafficking — This new statute changes Texas law with respect to drug-related crimes in several areas. First, it makes conspiracy, solicitation, and attempt sections of the Penal Code applicable to offenses under the Controlled Substances Act. Second, it significantly toughens penalties for possession or delivery of large, commercial quantities of illegal drugs. Third, it broadens the circumstances under which vehicles, vessels, and airplanes can be seized in connection with drug enforcement activity; and makes it possible to seize all proceeds derived from illegal drug-related criminal activity. Fourth, it changes the burden of proof for such seizures, making it possible to obtain forfeitures if the right to seizure can be proved, by a "preponderance of the evidence," rather than "beyond a reasonable doubt." Fifth, it provides for money seized by law enforcement authorities to be retained by the seizing authority for later use in drug enforcement activities. Sixth, it establishes penalties for knowingly financing, or investing in, illegal drug-related activities. Finally, it permits large quantities of marijuana which have been seized to be promptly destroyed after being weighed, measured, and photographed.

Drug Paraphernalia — This new law prohibits the manufacture, delivery, and possession of "drug paraphernalia." It contains specific requirements that the intent of the defendant be proven before a conviction can be obtained. However, the statute also provides for the seizure and forfeiture of drug paraphernalia; and, under the provisions in the "Trafficking" bill mentioned above, the right to such seizures can now be proved by a preponderance of the evidence. Consequently, it should be possible to close down the "head shops" by seizing and confiscating their inventory of drug paraphernalia.

Triplicate Prescriptions — Under the provisions of this new law, the Department of Public Safety (DPS) will establish a program which will require prescriptions for Schedule II drugs (including opium derivative drugs, amphetamines, barbiturates, and methaqualone) to be written and filled using a "triplicate" form, with one copy sent to DPS for computer analysis. This program is an effective investigative tool to find the "pill pusher" doctors and pharmacists; and also serves as an extremely effective deterrent against such illegal activities by health care professionals.

Professional License Revocation — This new law permits the license of health care professionals convicted of drug-related felony crimes to be revoked on an immediate basis, in contrast to present law, under which delays of up to 2 years have been experienced. It also prohibits reinstatement of the license of the convicted professional unless the licensing board makes an explicit determination that such reinstatement is in the best interest of the public and the individual professional involved.

Spotlighting Programs: MANDATE FOR PREVENTION IN FREEPORT, ILLINOIS

In spotlighting the program in Freeport, *Prevention Resources* is providing another example of how grassroots efforts are creating new structures through which parents can help the community in its drug abuse prevention efforts. Freeport's local legislative mandate for prevention is an idea other communities may wish to emulate elsewhere. It is notable that this comprehensive program was formed in a small city. It is another "first" in prevention, but need not be the only municipality to go this route.

In 1972 the city of Freeport, Illinois, enacted legislation mandating a program for the prevention of substance abuse. This policy legislation is the first taken by a municipality in the United States to establish a Commission with the purpose "to consider, adopt, approve, and monitor policies and guidelines for drug/alcohol education and prevention of abuse of these substances." The Drug/Alcohol Commission of Freeport is accountable to the City Council and represents the following offices, as required by legislation: Mayor of the City of Freeport, Superintendent of the School District, Chief of the Freeport Police Department, and ten members appointed by the Mayor with consent of the City Council and representing the Chamber of Commerce, the Jane Addams Community Mental Health Center, Sojourn House (an alcohol treatment center), Highland Community College, the Freeport medical community, and four memberships representing the citizenry. What makes the prevention mandate even more impressive is that the action was taken by a municipality with a population of only 28,000.

For several years the Commission took the time to educate themselves about primary prevention, intervention, prevention strategies, and existing literature and curricular packages. The Commission's search included discussions with managers of other drug prevention programs and with a long string of outside presenters who brought their packages of prevention materials. They kept looking for the kind of package that would involve not just sections of the community, but the whole spectrum of community life. They did not find a total package, but they did find many parts they were able to use later once they found the right pattern for community involvement.

Another early task the Commission assigned itself was an assessment of the extent of alcohol and drug use/abuse, patterns of use/abuse, attitudes toward substances, and citizen opinions regarding what should be done. With the assistance of the Center for Governmental Studies, Northern Illinois University, DeKalb campus, the Commission conducted a comprehensive survey that provided data to help develop the outline of the project. Survey responses included input from public and parochial schools, the workplace, and community groups. These data guided the Commission to develop a program to encompass five areas: schools, community, criminal justice system, the workplace, and human services agencies. The primary emphasis was to be on schools. The survey showed that the highest percentage of new drug users or experimenters occurred in the 7th grade, where 50 percent either experimented with drugs or began using them. For that reason, it appeared urgent to begin developing a prevention program targeted to that grade level. Thus began the Comprehensive Community Drug Education and Prevention Program with the unpronounceable acronym CCDEPP, hereafter referred to as "the Program" as distinct from the Commission which monitors the Program.

From the time the Program was unveiled in 1978 it has been funded by the city from its revenue sharing funds. A work plan is submitted to the Commission and City Council that serves as a proposal for each continuing year. Each year the Mayor, the Commission, and City Council have supported the work plan and budget in full. In 1980 the Mayor committed the city to a continuation of funding even if revenue sharing funds dried up. Each refunding has shown an approximate increase of 10 percent, with the funding for the year ending April 1982 at $39,817.

Thomas G. Oakes, director, has served the program since early 1979. The Jane Addams Community Mental Health Center is the administrative agent for the program. Oakes has prepared a long-range plan for the years 1982-1985 which projects long-range goals and costs, and plans for utilizing existing resources. The budget allows an 8 percent increase for each year to help offset inflationary rates.

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Spotlighting Youth: A CONTEXT FOR YOUTH INVOLVEMENT IN DRUG ABUSE PREVENTION

Young people's concerns about drug abuse by themselves and their peers are being reflected in an increasing number of publications. Most of the media's focus in the last several years, however, has been upon parental concerns about youthful drug use and abuse. (See *Prevention Resources*, Volume VI, No. 1, Spring 1982, for an update on the phenomenal growth of the concerned parent movement.)

Despite the parent movement there is still a deeply entrenched drug culture with which young people must contend. Although the most recent findings about drug use by high school seniors show drops in the rates of use of cigarettes, marijuana, PCP, and some inhalants, use of cocaine, heroin, barbiturates, and LSD remained quite steady in 1981, and the illicit use of amphetamines showed a statistically significant increase last year. One-third of all 1981 seniors indicate that they have at least tried amphetamines without medical supervision, and one-sixth reported use in the last month prior to the survey. The statistics on use of the sedative-hypnotic methaqualone have also continued an earlier rise, although at a more gradual increase. All measures of alcohol use remained virtually unchanged with a daily use rate that has stayed at 6 percent since 1975. These figures from *Highlights From Student Drug Use in America: 1975–1981*, National Institute on Drug Abuse, indicate also that among the graduating class of 1981, two-thirds (66 percent) admitted to at least some illicit use of a drug, a conservative estimate. While a third of users (23 percent of the total sample) have used only marijuana, two-thirds of users (43 percent) have used some other illicit drugs. These figures are the highest of any industrialized Nation in the world for drug use among young people of high school age.

Nonusing young people have begun to organize a resistance to the pervasive drug culture on high school campuses and in their neighborhoods. The parent movement's success has been in some cases a spur for concerned young people to join forces with parent groups. In other communities young people have seen the parent movement as one more interference with young people's freedom of association and with their needs to establish their own autonomy and cultivate an identity separate from their parents' expectations.

Young people are often quick to spot discrepancies between what they learn in school health and drug education classes, what school counselors tell them, what the church teaches, what's on TV and in the print media, what the lyrics to their favorite tunes say, and what the research and policy statements have to say. It is not easy for young people to sort out all the issues having to do with decriminalization/legalization; anti-paraphernalia laws, and attacks on such person-centered strategies as values clarification, moral education, human relations, and other affective education. Young people often feel that adults are not being consistent in their modeling, and that adults should straighten out their own lives before trying to improve on young people's lifestyles and values.

And even when the question of alternatives to drugs comes up, there are mixed messages. There is a recurring suggestion to "get high" on life, to "get high" on oneself, to get a "natural high," at the very time that young people are undergoing enormous pressures as adolescents. Nobody ever seems to assure them that it's all right to be low. Big kids aren't supposed to cry.

Pressures build up—young people are caught between permissive and repressive extremes of parents in the community; there is a competitiveness in academic, athletic, artistic, and social performance. There are not many interested adults outside their families to whom to turn. Teenage suicides escalate.

They are deeply concerned about themselves, their peers, their future, and their society. They desperately want a community worthy of their caring and commitment. And young people have important needs that should be of concern to the adult community. (See page 3.)

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PREVENTION ACTIVITIES— What YOU can do to help

Educate yourself—learn the correct facts about alcohol or drugs.

Share alcohol and drug information with your family and friends.

Volunteer your time to work with youth—for instance, tutoring or coaching.

Do more together as a family.

Develop parent or teen support groups in your neighborhood.

Don't pressure those who choose not to drink or take drugs—it's an individual choice.

Talk about alcohol or drugs with people at work or school.

Be there for your friends and family—take the time to listen to what they have to say.

Get involved in activities that help each of us feel better about ourselves.

Do you have any other ideas on how to help ***prevent*** alcohol or drug ***abuse***?

(Logo designed by Palmer Cardinale and flyer of the Springfield, Massachusetts CHECCA program. See page 9.)

What Do Young People Need?

[Excerpt from *The Adolescent Society*, by Barbara Varenhorst, in: *Adolescent Peer Pressure: Theory, Correlates, and Program Implications for Drug Abuse Prevention*. National Institute on Drug Abuse, 1981.]

What Youth Need the Most

Essentially, this chapter has been about the needs of adolescents. Yet certain needs are so important that they must be particularly highlighted. They are needs that adults can consider in planning and implementing programs, particularly programs aimed at the adolescent peer group.

1. ***Increased respect from adults.*** Youth need to be seen as significant human beings who are able and eager to participate, to contribute, and to accept responsibilities as members of society. Refusing to recognize this need is a violation of their worth. It is also a violation of their chances of becoming healthy adults.

2. ***More time and involvement from adults.*** Any adult who really cares about and is interested in young people can become a very important person to them. There is no way to put a price on the help that adults provide when they voluntarily, caringly share their time with young people.

3. ***More constructive opportunites to experiment with life.*** We as adults must create more ways in which we can legitimately use the special talents and expertise of young people. They need not only to feel that they are helping to support and conduct the business of society, they also need better ways of being initiated into work roles. Even the opportunities for part-time work experience for youth appear to be increasingly limited. Creative solutions to this problem must be found.

4. ***More help in developing social competence.*** In a more complex, sophisticated world, with fewer opportunities to learn from adult models, isolated and confined to a peer group, young people need help in learning how to cope and survive. Today it is easier for youth to learn how to work with a computer than to learn how to get along with people. Do we want to pay the price that ultimately this will demand? High on the list of competencies youth need and want is learning how to be a caring person, how to reach out and help a friend who needs a friend.

5. ***Better qualified adult youth leaders.*** We often assign and allow incompetent, ill-equipped adults to work with youth, giving them prime time to touch young people's lives. Again, we may be paying a high price for such neglect. Essential qualities of adults who are given the opportunity to lead and guide young people should include acceptance of youth as equals in society; knowledge and understanding of the great variety of their abilities and aspirations; the capacity to show deep respect and love for youth; and the ability to believe in youth and let them play a significant part in their programs, their decisions, and their world.

6. ***More opportunities for moral development.*** It is significant that in Strommen's (1979) update on the cries of youth, the social protest cry has become weaker in the past ten years. Society's failure to involve youth in shaping the quality of life and to guide youth in reflecting on their experiences and decisions is limiting their moral development. A moral and ethical life may seem old-fashioned, but the future quality of American society may depend on more attention being given to the moral development of adolescents.

7. ***Help to find the meaning of life.*** Examining the meaning of life is what living is all about and should be at the core of young people's activities and experiences. Konopka (1976) found in her study of girls that many of them are struggling to find a meaning in life. Although young women today are growing up in a period in which many traditional roles or myths are no longer valid, they still wonder what they should believe in and reject. This search, common to so many adolescents, often expresses itself in desperate behavior, in a hopeless shrug of the shoulder, in a drowning in alcohol, or in angry outbursts. Yet the desire to participate in the world and to have a part in their own destinies remains strong.

In the end, there really is no adolescent "society." Rather, there are young people who are growing, reaching, touching, stretching, and testing—who need to be watered with the wisdom of our tears.

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Networking: ALLIES IN PREVENTION/PARENTS & YOUTH

Young people are proving to be energetic advocates for drug and alcohol abuse prevention. They are becoming highly visible as participants in drug and alcohol prevention conferences and workshops across the country. Teen summer institutes, regional and national conferences, and local drug education and prevention training events are providing youth with valuable learning experiences and motivation to help in the movement against drug abuse. As they gain in knowledge and assurance, young people become articulate communicators of prevention logic and know-how. Youth consultants and emissaries are moving out in ever-widening circles, with East meeting West, North meeting South, and everywhere youth meeting adults in settings that allow young people to be part of the solution rather than the problem.

One conference that accorded a lot of recognition to youth as preventors was the National Parent Conference on Drugs and Youth, the Eighth Annual Drug Conference sponsored by Georgia State University and the National Parents' Resource Institute of Drug Education (PRIDE), held in Atlanta in April 1982. There were representatives of youth-against-drugs groups from a number of States, many of them affiliated with parent action groups, or spin-offs of parent groups. They go by catchy names that suggest freedom. One is "DASH"—acronym for "Drugs Ain't So Hot." Two groups, "Choice" and "Option" are affiliated with "Parents Who Care" of Palo Alto, California. The Palo Alto youth raised $8,000 to cover the expenses of 15 young people to attend the Georgia conference. They ranged in ages from 15 to 19, from freshmen to seniors in high school. For 18 months they have made anti-drug presentations to junior and senior high schools, parent groups, civic organizations, and to professional conferences and workshops. They have appeared on radio and television, and, of course, they travel. In January 1982, two of them, Matt Day and Mark Daley, accepted invitations to serve as consultants to the Greater Jacksonville Families in Action. They flew to Florida and for 3 days made presentations ("Get High on Yourself") that reached students from 14 private junior and senior high schools and students from 13 North Florida counties. They also met with parent groups, church groups, and representatives of social service agencies.

One of their prevention strategies—alcohol/drug-free partymaking—is gaining in popularity, and the Palo Alto group has developed expertise in that art. Their parties appeal to youth by bringing out their natural proclivities for having a good time. These young people have found that their parties are successful because they are well planned, well attended, and remembered for their variety and imagination. Such parties spark up life by generating new ideas, enthusiasms, and taste sensations for the palate. They also polish up social skills such as conversation and entertainment. Planning and giving alcohol/drug-free parties is a strategy that parent groups are also adopting and advocating, often following the lead of drug-free youth groups.

Other items underscore the fact that young people are becoming more interested and more active in drug abuse prevention:

- The Eighth Illinois Teen Institute on Substance Abuse had to expand to two sessions in July 1982 in order to accommodate the increased demand for registration. Each 1-week session was limited to a maximum of 200 teenagers, a size the Institute considers optimal to allow young people ample opportunities to become acquainted with one another.
- Students Against Driving Drunk (S.A.D.D.) is another manifestation of youthful concerns. The program was started in Wayland, Massachusetts, in September 1981, with 150 sophomore students under the direction of Robert Anastas, a high school teacher who saw in the mandatory health education program an opportunity to reach young people at the time they were expecting to get their driver's licenses. The series of 15 programs stimulated the students to do something constructive about the problem of drinking and driving, and so they formed S.A.D.D., an organization, chaired by Carl Olson, a sophomore. The kids invited their Governor, Edward King, to serve as honorary chairman, and asked him to help launch the program nationwide. Governor King proclaimed May 22, 1982, as S.A.D.D. Day in Massachusetts, and shortly thereafter members of S.A.D.D. helped him launch the 101 Day Safety Campaign in Massachusetts, lasting from Memorial Day through Labor Day. S.A.D.D., in its short history, has reached over 150,000 high school students in Massachusetts, Florida, North Carolina, Georgia, Connecticut, Maine, and New Hampshire. The program is being published and distributed by the American Council on Alcohol Problems. (See ***Pyramiding Resources***.)

Young prevention networkers and advocates for drug-free lifestyles may wish to link up with some of the following organizations.

Youth for Drugfree Alternatives (YFDA), P.O. Box 44064, Baton Rouge, La. 70804. (See *Prevention Resources*, Volume V, No. 3, Fall 1981)

- This clearinghouse for youth-initiated prevention programs answered more than 200 requests for materials from high school students and youth leaders during its first month of service. Benny McArdle provides technical assistance and facilities for coordinating YFDA activities.

Ventura County Concerned Parents Network, 2767 North Velarde Drive, Thousand Oaks, Calif. 91360. (805) 492-2551. [Carol Stein, parent and volunteer for the Network, prepared the following précis for ***Prevention Resources***. Ms. Stein has presented workshops on network development in Wichita, Kansas, and Phoenix, Arizona, and plans to conduct a workshop in Eugene, Oregon. Ms. Stein believes that the model can be used anywhere.]

- The parent movement to prevent drug and alcohol abuse in Ventura County originated 4 years ago in the city of Thousand Oaks where parents created an effective method for bringing together all elements of the community to do two things: (1) to recognize that a drug problem exists; and (2) to explore ways for the community to work together to solve existing drug and alcohol problems and to prevent future problems.

  The parents were able to involve the following community elements in the drug and alcohol abuse prevention program: the city council, school district, parks and recreation department, youth groups, community organizations, religious institutions, service organizations, media, medical community, law enforcement, private and public agencies, health care professionals, the Chamber of Commerce and other nongovernmental organizations.

  Parents who had felt frustrated and overwhelmed by the drug and alcohol problem when they were working independently, soon found that a team approach was a powerful tool that made possible the most effective use of community resources.

  A key to the success of the Ventura County prevention program was the training parents received from the County Health Department's Center for Drug Problems. Dr. Alicia Dondero and Mr. Benny Crayton, prevention/education professionals, ran training workshops in drug abuse prevention, community organization, support systems building, resource identification, and program implementation.

  A community-wide action plan was developed. Administrators from local government agencies provided staff for the community network. Only local resources were used.

  Strategies for drug abuse prevention in the county focused on strengthening the family, preventing destructive behavior in youth, and promoting healthy communities. Successful prevention strategies used were:

  + Parenting skills workshops: to improve parent/child relationships; to learn effective parenting methods; and to better understand adolescent development.
  + Community awareness: a community awareness week on substance abuse with a drug abuse prevention symposium for parents and youth. A "Focus on Life" show at the shopping mall identified community resources for youth and families needing assistance and highlighted activities available locally which provide "natural highs."
  + Alternatives for Youth: a youth outreach program which provides two young people to work with youngsters in parks and schools.
  + School programs: drug education as part of the K-12 health curriculum; improving self-esteem; improving school climate; and in-service training for teachers and staff.
  + Summer jobs workshop sponsored by the Conejo Recreation and Park District and the business community to provide young people with job skills and help in finding jobs.

  Although aware of the existence of alcohol and drug problems in the county, parents did not know the actual extent of the problem. Last year for the first time a survey of student drug use was made for the 7th, 9th, and 11th grades. The second survey was taken in May 1982, including the 6th grade. Results of the survey are being compiled by Dr. Roger Skager, Assistant Dean for Students and Professor in the Graduate School of Education, UCLA.

  The county government formed a Joint Powers Authority to continue a long-term commitment to the substance abuse problem. The Authority consists of city council members and administrators from the school district, parks and recreation department, and other county offices. The Authority is assisted by a nine-member citizens' committee also formed by the county.

  The religious community in Thousand Oaks has contributed resources. One church donated $6,000 raised at a barbecue to help fund one of the Parks and Recreation Department's Outreach Youth Worker positions. Outreach Youth Workers are made available in schools, parks, and other places where young people gather to provide informal counseling and to make referrals when young people have problems that require intervention or professional assistance. Clergy in the community are active in promoting healthy alternative programs for youth, providing counseling when needed.

  There are now eight parent/community groups active in preventing drug abuse in Ventura County. The county network has involved the public policymakers, public and private agencies, and parents in the development of a 5-year plan for substance abuse prevention which includes a methodology for evaluation.

Lafayette Unified for Youth (LUFY), 22 White Oak Drive, Lafayette, Calif. 94549. Contact: Annette Ryan.

- LUFY has fashioned itself after the Ventura County Network prototype. The goal is to "provide an environment for Lafayette youth that is free of drugs and alcohol misuse." An issue LUFY addresses is the part that social drinking plays as an accepted part of adult lifestyle and the challenge for parents to model responsible behavior and help their teenagers develop social patterns that do not involve using drugs and drinking.

Networking: ALLIES IN PREVENTION/PARENTS & YOUTH

Alternatives, 1520 Aberdeen Road, Hampton, Va. 23666. (804) 838-2330.

- ***Branching Out*** is a quality newsletter published quarterly by Alternatives. The Spring 1982 issue noted the local Youth Recognition Awards presented annually to teenagers between the ages 13-18 who have "demonstrated compassion, courage, or outstanding community service." The awards were originated by the Mayor and staff of the youth services department of Hampton because "we often hear horror stories about the negative activities of young people, but we seldom hear of the many positive things they accomplish."

Southwest Alternatives Institute (SAI), P.O. Box 3355, Tucson, Ariz. 85722. (602) 795-7996. Contact: Robert E. Zucker, publisher.

- ***Tucson Teen*** is a newspaper published as part of SAI's youth media and communications project. For 5 years it has been published with funds from the city of Tucson and its advertising revenues. SAI contracts with schools and agencies for in-staff youth training. The newspaper's circulation of 30,000 free copies is distributed monthly to junior and senior high schools, public libraries, recreation and neighborhood centers and to agencies and businesses that cater to youth. Private and public agencies, businesses, and corporations help sponsor the project. Advertising rates are $500 a page.

National Parents' Resource Institute of Drug Education, Inc. (PRIDE), Box 11769, Atlanta, Ga. 30305. Contact: Dr. Thomas J. (Buddy) Gleaton, Georgia State University, University Plaza, Atlanta, Ga. 30303. (404) 658-2548.

Parents Who Care, 703 Welch Road, Suite H-4, Palo Alto, Calif. 94304. (415) 326-5043. Contact: Margery Ranch.

Kansas Channel One. Contact: Cindy Galyardt, Administrator of Prevention Program Development, Alcohol and Drug Abuse Services, Department of Social and Rehabilitation Services, 2700 West Sixth St., Topeka, Kans. 66606. (913) 296-3925.

Greater Jacksonville Families in Action, P.O. Box 105, Ortega Station, Jacksonville, Fla. 32210. Contact: Norma Basford. (904) 388-3932.

Eighth Illinois Teen Institute on Substance Abuse. Contact: Randall Webber, State Prevention Coordinator, Dangerous Drugs Commission, 300 North State St., 15th floor, Chicago, Ill. 60610. (312) 822-9860.

Parents and Youth Against Drug and Alcohol Abuse, National Child Day Care Association, 1501 Benning Road, NE., Washington, D.C. 20002. (202) 397-3800. Contact: Vonneva Pettigrew.

- This program is targeted at low-income and minority families. It has linkages with parents, young people (many of them parents themselves), and the very young children enrolled in Head Start programs. Ms. Pettigrew has developed a prevention curriculum for Head Start teachers targeted at young children at risk. Working through the National Child Day Care Association, this network is impacting on several generations simultaneously.

New York City Parents in Action, P.O. Box 555, New York, N.Y. 10021. Contact: Lynn Manger.

- This network started four years ago, to warn parents, children, and the community about the rising problems of alcohol and drug abuse, results of drug use, and influences that promote their use. Series of seminars and workshops for parents in drug-troubled times emphasize prevention. Informed parent groups have been organized in 85 private and independent schools in the city, and the focus has widened to include mothers of young children.

Virginia Beach Council of PTA's, Juvenile Protection Committee, 213 Brentwood Crescent, Virginia Beach, Va. 23452, (804) 340-2762. Contact: Dolores Delaney.

- The PTA's well-publicized concern about drug-related crime in Virginia Beach brought a letter to Ms. Delaney from Andre Evans, Commonwealth Attorney for the city, offering his assistance. As a result of their meeting, the parents formed a network, ***Courtwatch***, as part of the Parents Taking Action program of the PTA. A computerized docket alerts the PTA every time a drug-related case comes to trial. A court hotline advises the PTA's Juvenile Protection Committee when a case is continued, thus saving time of volunteer monitors. The group also works with local law enforcement agencies.

Parent Power: A Drug Prevention Model, Anne Arundel County, Arundel Center, Room 412, Annapois, Md. 21401. (301) 224-1443. Contact: Robert Kramer.

- Parents work with the established Community Assistance Program (CAP) team and the Drug and Alcohol Program Coordinator. Approximately 25 community parent groups have formed, some with as many as 200 participants. Each of these community groups contains numerous smaller groups called parent peer groups. Ten parents have assumed the volunteer positions of district coordinators in which they help the smaller groups get formed and keep them informed. The Drug and Alcohol Program operates directly out of the County Executive's office with a budget (1980) of approximately $67,000, of which $9,000 came from a grant which NIDA had awarded to the single State agency.

Spotlighting States: CHANNEL ONE PROGRAMS FOR YOUTH

There are now 44 States and territories taking advantage of opportunities for providing cost-effective drug abuse prevention by utilizing the Channel One concept and process. Channel One is a drug abuse prevention program developed by youth for youth. (See *Prevention Resources*, Volume V, No. 1, Spring 1981; Volume V, No. 3, Fall 1981; and Volume VI, No. 1, Spring 1982.) The program requires sponsorship by the private sector and participation by diverse citizens and youth-serving agencies. Because the Channel One process works so well in all kinds of communities, some States are actively promoting Channel One networks. By March 1, 1982, Channel One programs were operational in 153 sites, with 50 new sites scheduled to begin the 7-step process by summer.

Kansas is one State where Channel One has become a mainstay of prevention programing. Quarterly meetings are held for the seven Channel One sites in Kansas. Kansas held a special conference for Channel One youth as part of the Statewide Prevention Network Conference in Topeka on April 19 and 20, 1982. About 50 young people from Channel One programs in Kansas attended. Five of the young people were sent to the conference by the Salina, Kansas, school system which is gearing up to start and fund its own Channel One program. Two young people came from Ellsworth representing their school system. These two school initiatives point to another value in having a proliferation of programs in a given State: Channel One programs stimulate new Channel One programs.

As money becomes scarcer for community projects, programs with "survivability" become more appealing. Most of the Channel One programs that succeed are those with income-generating components. Programs that flourish are those in which young people develop and implement moneymaking projects. Aside from the importance of income for program continuation, there is another high value for young people who operate projects that earn money. Such projects give young people valuable real-world business skills that help them make career choices, develop appropriate skills for life management, and instill self-confidence.

Following are examples of income-generating projects that enhance the chances of survival of Channel One projects:

- ***Product Production and Sales.*** These projects involve young people in the planning and production of materials that are sold, thereby generating income for salaries, other projects, or for improvement of the community. Examples include: T-shirt businesses as carried out in Central Falls, Rhode Island, and Marysville, Kansas; model doll houses in Kansas City, Kansas; toys for kids in Brattleboro, Vermont; an international cookbook in Central Falls, Rhode Island; and a videotape produced in San Bernardino, California.
- ***Business Operations.*** These are basically merchandising projects or profitable services that raise money to pay youth salaries and/or to support their other types of programs. Examples are an ice cream parlor operated in Gardner, Maine; recycling projects in Lawrence, Kansas; and Rochester, Minnesota; landscaping in Owosso, Michigan; fast foods in Villisca, Iowa; and Ludlow, Vermont; concession stands in Monroeville, Alabama; a tourist center in Jackson, Tennessee; selling tickets for McDonald's Foods, Hamilton, Ohio; grinding optics, Trenton, New Jersey; and making and selling musical instruments in Fajardo, Puerto Rico.
- ***Job Placement and Job Services.*** These programs help young people prepare for and find jobs, temporary for the most part. Fees for this service help support the program. Marysville, Kansas; McKeesport, Pennsylvania; and West Union, Ohio, run job placement programs. Phoenix South, Arizona; Waterloo, Iowa; and Cle Elum, Washington, operate job preparation and placement services.
- ***Fees for Activities.*** Money raised by charging fees for such activities as recreation, amusement, or historical site tours are used to pay youth or to support other projects. Historical tours and tourist centers are operated in Cedar Rapids, Iowa; Macon, Georgia; and Batavia, New York. Dramatic plays and music help support programs in Providence, Rhode Island; Spokane, Washington; Toms River, New Jersey; Islip, New York; and Palmer, Alaska. Fees for using a swimming pool or skating rink in Los Alamos, New Mexico, help support programs, as do fees for Wilderness programs in Greensboro, North Carolina, and Ogden, Utah. Rents for space in the community center helps support programs in Antonito/Alamosa, Colorado. In St. Johnsbury, Vermont, money is raised by selling catalogs of craftspeople.
- ***Special Events.*** These events are usually one-time efforts that raise money by such activities as raffles, festivals, pledges for marathons, or operating booths at fairs. Examples include a winter sports festival in Lake Odessa, Michigan, and special film premieres in Rochester, Minnesota, and Tulalip-Everett, Washington.
- ***Contracts for Work.*** Contracts to conduct specific work may be obtained from the city or State government. McKeesport, Pennsylvania, and Middletown, Delaware, have contracts for neighborhood beautification. Lansing, Michigan, contracts for teaching video production skills. Casa Grande, Arizona, has provided a grant to youth to present seminars on reduction of violence in the city, and Gridley, California, contracted for construction of a youth center.
- ***Donations.*** Many programs solicit cash donations from local businesses, service clubs, or other sources of local support.
- ***Resource/materials donations.*** Most Channel One programs obtain materials, labor, and other resources free from local businesses, groups, and individuals. Though not considered as income, these donations help stretch income for programs.

Spotlighting States: CHANNEL ONE PROGRAMS FOR YOUTH

Another State, Alabama, has created a statewide Channel One network and has sponsored a conference to bring together youth and Channel One program developers to generate new Channel One programs.

Channel One projects exemplify the cooperative relationships that can be brought to bear on local problems using the resources of Federal, State, private sector, and local public agencies. The National Institute on Drug Abuse, as the Federal lead agency, funded the Channel One development project and has helped in the dissemination of the process by making funds available to States for starting Channel One programs.

Business and industry leadership for the programs has come from local and national business groups. The insurance industry has been especially responsive. Prudential Insurance Company of America was the initial corporate model for Channel One and has provided managers for more than 60 sites. Metropolitan Life Insurance Company is private sector manager of six Channel One sites (Greensboro, North Carolina; Oakland, California; Wakefield, Massachusetts; Manchester, New Hampshire; South Bend, Indiana; and Islip, New York) and is planning to initiate six more sites during the current year. District Sales Manager Gerry Flaser explained Metropolitan's rationale for this involvement in the South Bend project: "The phrase 'corporate social responsibility' is not a cliche for those of us at Metropolitan. One of our major goals has been to help people make informed health choices for themselves and their families. So when we were approached to sponsor the Channel One project—a program designed to fight drug abuse—we were both pleased and excited at the prospect."

Mayors and city councils are becoming active as members of steering committees and task forces for Channel One program development. Involvement of city managers has helped launch programs in Central Falls, Rhode Island; McKeesport, Pennsylvania; North Adams, Massachusetts; Los Angeles, California, and other communities. In Los Angeles, a radio station, KJLH, ("Kindness, Joy, Love and Happiness") owned by the black performing artist, Stevie Wonder, formed a partnership with the Institute for the Advancement of Human Services for a Channel One program to serve youth from the Compton/Watts area. A city councilman served on the steering committee for that project.

Channel One has become a means for some American Indian groups to develop community programs. There are now programs on four reservations and in two urban Indian communities. In Washington State, youth (ages 10-14) of the Tulalip tribe made a film, *Walk Silently and Listen*, as part of a project to celebrate their culture's past and to help envision the tribe's future. The Tulalip young people are also developing an educational theater and producing videotapes about drug and alcohol prevention that can be shown on other Indian reservations. States with programs for American Indians are Arizona, Kansas, Nevada, New York, and Wisconsin.

Youth are involved in Channel One activities in three ways: as members of the steering committee (a planning function); as project staff (a skills-building function); and as participants in programs (a recreational/educational function.) In their decisionmaking roles, young people select the projects they want to complete. A recent profile of alternatives strategies selected by youth show the following choices: recreation and dramatic arts, 42 projects; construction and production of products, 32; historical preservation, 18; educational programs and peer leadership, 17; sales and business operations, 17; human service activities, 16; joint youth/elderly projects, 15; media (learning of skills, production of materials) 14; development and operation of community centers, 12; job placement-job preparation programs, 11; cultural and ethnic programs, 11; and ecology, 7.

Although Channel One is a process, it is also people. One Channel One manager's personal commitment was so strong that, upon his untimely death, his family requested that his memorial be the Channel One program he had nurtured. Now known as the "Jere Dodge Channel One" in memory of the Prudential manager who worked hard to develop it, the successful San Bernardino, California, program has continued to meet many needs of the community. A food program for the elderly, a swimming pool for youth, and a video project are some of the projects underwritten by that Channel One.

With so much going for it, Channel One would appear to have a sure future. But there are some Ifs. There are certain essential ingredients to Channel One partnerships. There needs to be a linkage between private sector facilitators and local prevention persons, and there needs to be a continuation of a national network now being developed. Funds to help launch the programs are needed. The future of Channel One depends upon the dissemination of the idea to more and more communities. Channel One's success also depends upon the capacity of local communities to rise to the challenge. And a national support system is indispensable.

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Spotlighting Programs: CHECCA OF SPRINGFIELD, MASSACHUSETTS

The Community Health Education Council for Children and Adolescents (CHECCA) is a community grassroots organization aimed at preventing health problems among youth in Springfield, Massachusetts. The first health focus for the new Council was drug and alcohol abuse among youth, a problem that has been of great concern in Springfield as elsewhere.

The concept of the Council originated as a recommendation of a special Blue Ribbon Commission on Public Health Services appointed by Mayor Theodore Dimauro in 1978. The Mayor appointed the Commission to examine the role the city might play in addressing health problems of children and adolescents under Proposition 2½, a tax referendum that has reduced taxes and caused a reduction in budgets for many municipal services. CHECCA was to become one of the most dynamic and visible health programs going. Briefly, here is how the concept was translated from a Blue Ribbon Commission's final report, *New Directions in Public Health*, **to an exciting and synergetic venture that has tapped into the entire range of public, private, and voluntary sectors in the community. It is a process that appears to lend itself to other cities with similar motivation. Certain aspects of the Springfield experience may explain why CHECCA became such a remarkable success in so short a time frame.**

- The makeup of the Commission was representative of every segment of the city that was relevant to addressing health problems, including not only the health and educational fields, but business, community agencies, and churches.
- In December 1979, the City hired a health planner. Among his various tasks, he was asked to develop plans for the Council. Throughout the spring and summer of 1980 the planner met with a core group of 10-12 persons to develop the structure and function of CHECCA. A chairperson of outstanding stature in the community was named, and other key people were selected to serve on the Main Council of CHECCA.
- In April 1980, the Mayor and the Blue Ribbon Commission announced that drug and alcohol abuse would be the first health concern to be addressed.
- October 1980, CHECCA began operating, not as a separate agency, but rooted in a number of existing organizations which provide active and tangible support—staff, supplies, materials, equipment, and space.
- The Planning Committee developed a mission statement: "To increase community awareness and mobilize community activity and resources related to the issues of alcohol and drug abuse among Springfield's youth." To carry forth the mission, CHECCA was charged with seven tasks:
  - To identify and develop an inventory of existing programs and resources.
  - To examine provider linkages and improve or adapt where necessary.
  - To plan and to stimulate the development and/or implementation of school and community-based programs where needed.
  - To involve youth and youth organizations in plans and programs to address alcohol and drug abuse concerns.
  - To strengthen traditional and alternative support networks in the community (e.g. family, elderly, clubs, civic or religious organizations) to address youth alcohol and drug concerns.
  - To encourage participating organizations to adopt and rank goals concerning youth alcohol and drug abuse concerns.
  - To identify ways to continue the work of CHECCA on alcohol and drug abuse beyond its 1-year focus.
- CHECCA's four-part structure consists of the Main Council, the Youth Board, the Volunteer Resource Pool, and the Provider Board.
  - The Main Council is composed of 25-30 people selected to represent a broad cross section of the community, with representatives from neighborhoods, law enforcement, school and recreation departments, religious groups, social service agencies, drug and alcohol agencies, business, and youth.
  - The Youth Board is a core group of young people (more than 100 participate at various times) who are trained to carry out CHECCA's charge through research, education and training, creative arts, a summer job program, and outreach.
  - The Volunteer Resource Pool consists of people prepared to train volunteers and to conduct parent education.
  - Provider Board. Persons from human service agencies prepare position papers from their bases of expertise.

The Council has enjoyed the support of the community without having to rely upon grants from Federal or State government or foundations. In-kind services (staff and supplies) provided by participating agencies and donations from business and individuals are the mainstay supports for the program. Small grants from the single State agency and CETA served to fund spin-off projects, such as the Youth Resource Guide project. The SSA grant was for stipends for students trained as peer advocates for time they spent working in community agencies. The stipends amount to $3.35 per hour for young people who graduated from the 10-week Summer Youth Leadership Training Program on Alcohol and Drug Abuse Prevention.

Students who completed eight of the ten classes received a certificate, with an option to take an examination that, if they passed, would qualify them as "prevention specialists," enabling them to make presentations in the schools and community. The 2-hour seminars consisted of the following subjects:

- Drugs: Facts and Fiction
- Marijuana
- Alcoholism
- Legal Issues
- Peer Counseling: How To Help a Friend
- Crisis Intervention: What To Do in Emergencies
- Alcohol and Drug Use: Cultural and Ethnic Values (Blacks, Hispanics, Women, and Youth Culture)
- Mental Health as It Affects Adolescent Behavior
- Community Resources for Adolescents

Early in 1982 CHECCA held its second Youth Leadership Training Program on Alcohol and Drug Abuse Prevention and planned a new outreach program to increase awareness among parents about ways to prevent alcohol and drug abuse by youth. This parent education plan uses neighborhood hosts to bring together parents in informal home settings to hear presentations from trained outreach teams. Two manuals have been prepared for training parent and youth volunteers to become active in promoting health education, a *Parent Education Manual*, **and the** *Youth Resource Guide*.

Young people have served along with adults since the creation of CHECCA. Much of the value of the experience they have gained is seen as a preparation for becoming an adult member of the community. Some of the skills they hope to use in the future derive from such activities as these:

- The "I Care" campaign, a consciousness-raising effort that took young people into shopping malls where they presented a 5-minute skit they had developed to take their message against alcohol and drug abuse to the public. The skit is the lead-in to the pitch made by young people to other young people and adults asking them to make a check mark and sign a pledge to take personal action to stop drug abuse. Signers receive a pledge card, a decal, and a flyer. (See page 2.)
- Members of the Youth Board participated in a research project that elicited views of 1,500 to 2,000 young people about their perceptions of the causes for alcohol and drug abuse, problems associated with use, and changes they believe are needed to help solve the drug and alcohol problem.
- A survey of community needs and resources provided data for the ***Youth Resource Guide***. Young people discovered a wealth of community resources they did not know existed. In the process they gained insights and knowledge about their city that no civics textbook could provide.
- Serving on the Youth Board, and as representatives to the Main Council, young people point with pride to the contribution they are making by becoming active in community work. Some of the specific skills they are developing include writing and acting, preparation of brochures, making classroom presentations, being interviewed by the media, doing research on local health problems, serving with adults on the Main Council, learning to understand a financial report, bank statement, and budget, and working with people of different ages and backgrounds.

Other participants in CHECCA are the neighborhood representatives who are active volunteers promoting the CHECCA concepts on the neighborhood and block levels, and who also serve on the Main Council.

Business community and churches are two other important segments of the volunteer community that provide leadership and support for the Council. CHECCA's chairperson is the Reverend Warren J. Savage, a dedicated young black priest. Impressed by the interest shown by public school students in health education, Father Savage is developing a similar curriculum for parochial schools in Western Massachusetts that will cover alcohol and drug education, health issues, values, and decisionmaking. He hopes that each parochial school will have a Health Education Council, made up of students, faculty, and administration, to monitor health problems.

Mayor Dimauro was asked "What is the principal ingredient that makes CHECCA such a going concern." Without a pause, "The kids," he said. When asked if he had been surprised by the vitality, responsibility, and enthusiasm of the youth of Springfield, he said simply, "No—I knew it was there, but yes, I was surprised that it was there in such abundance."

Carlotta Hankins-James, State Prevention Coordinator for Massachusetts, would like to see the Springfield model replicated, especially in urban areas with high minority and low-income populations.

"Springfield's CHECCA proves that minority families and low-income families are just as concerned as middle-class suburban communities about young people's health—especially preventing alcohol and drug abuse—and the beautiful thing about the Springfield model is that it is so democratic," remarked Ms. Hankins-James.

For further information, contact Jerry Mogul, Springfield Planning Department, City Hall, Springfield, Mass. 01103, or Micky Galluzzo, Health Education Division, Springfield Health Department, 1414 State St., Springfield, Mass. 01109.

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Pyramiding Resources

National Institute on Drug Abuse, National Clearinghouse for Drug Abuse Information, Room 10A-53, 5600 Fishers Lane, Rockville, Md. 20857.

- ***Adolescent Peer Pressure: Theory, Correlates, and Program Implications for Drug Abuse Prevention.*** 1981. 116 pp. This volume's focus on drug abuse prevention is broad enough to have implications for the full range of adolescent behavior, and thus adds considerably to the body of literature concerned with channeling youthful peer relationships in a constructive way. There are four major chapters and a resource section.
- ***Channel One: A Government/Private Sector Partnership for Drug Abuse Prevention***, by Hank Resnik and Tom Adams. 1981. 46 pp. The untolding story of Channel One is covered in exciting detail. The monograph tells how one can go about linking into the Channel One process. Order from the U.S. Government Printing Office. SN 017-024-01112-6.
- ***Parents, Peers, and Pot***, by Marsha Manatt, Ph.D. 1979; 1981. 98 pp. Although intended specifically for parents of children ages 9 to 14, this book has been praised by parents and grandparents of children of all ages.
- ***For Parents Only: What You Need to Know About Marijuana.*** 1980. 28 pp. Recent scientifically accepted information about marijuana, with helpful advice to parents of teens and preteens.
- ***Are You a Drug Quiz Whiz?*** 1981. 20 new questions (with answers to update your pharmacological savvy).
- ***Saying No. Drug Abuse Prevention Ideas for the Classroom.*** 1980. 23 pp. For elementary and secondary grades, this ideabook's theme is that it is o.k. to say no to drugs, and shows how saying no can be done with flair.
- ***Consequences of Alcohol & Marijuana Use: Survey Items for Perceived Assessment.*** 1979; 1980. 227 pp.
- ***Highlights From Student Drug Use in America 1975-1981,*** by Lloyd D. Johnston, Ph.D., Jerald B. Bachman, Ph.D., and Patrick M. O'Malley, Ph.D., the University of Michigan Institute for Social Research. 1981. 124 pp. "On the whole, the news this year is more positive than in many of our previous reports," according to the authors.
- ***The Health Care System and Drug Abuse Prevention: Toward Cooperation and Health Promotion.*** 1981. 64 pp. Writing in the foreword, Stephen E. Gardner, D.S.W., Prevention Branch, notes: "Prevention strategies against drug abuse have relied primarily on individuals, schools, families, and other community institutions, through information, education, alternatives, and early intervention. The health care system has had limited involvement in a comprehensive drug abuse prevention/health promotion strategy. The major purpose of this monograph is to examine different ways in which health care institutions, organizations, and practitioners can become more involved in health promotion and drug prevention."

Alcohol, Drug Abuse, and Mental Health Administration, 5600 Fishers Lane, Rockville, Md. 20857.

- ***Communications Network Manual***, media manual for community groups, developed from "how-to" materials issued separately by COMNET over a 10-year period. A tool to help State and local programs gain community support and media attention. Covers general news reporting, production of inexpensive newsletters, use of logos and graphic design, employee and client newsletters, media relations, public service use of radio/TV, and organizing public affairs events. Single issue free from Prevention Branch, Division of Prevention and Treatment, NIDA, Room 11A33, 5600 Fishers Lane, Rockville, Md. 20857.
- ***ADAMHA Prevention Policy and Programs 1979-1982.*** 1981. 67 pp. Although information in this publication is now somewhat out of date due to the advent of alcohol, drug abuse, and mental health services block grants, and other developments, this policy document provides a coherent framework for undertaking prevention in the alcohol, drug, and mental health fields. Broad participation in the development of ADAMHA prevention policy was secured through two conferences that convened medical authorities, State and local program officials, and others concerned with health promotion, who were invited to assist in planning a document that would serve as a guide to the work of prevention in the three fields. The report reflects ADAMHA's commitment to a continuing development of knowledge concerning prevention. Chapters deal with the evolution of prevention, prevention concepts, social change, evaluation issues, joint programing, ADAMHA funding policy, Institute prevention programs, and future program directions. NIDA's current emphases, goals, and strategies are noted as the focus has shifted from primary service delivery programs to (1) the acquisition of new knowledge; (2) dissemination of knowledge models and strategies; and (3) the development of the capacity of States and local communities to deliver effectively drug abuse prevention services. Single issue free from Prevention Branch. (See above address.)

National Institute on Alcohol Abuse and Alcoholism, National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, Md. 20852. (301) 468-2600.

- ***Guide to Alcohol Programs for Youth.*** Revised 1980. 28 pp.
- ***Alcohol Prevention: Guide to Resources and References.*** 1979. 88 pp.
- ***Let's Pull Together . . . Alcoholism is a family problem***, bilingual. ***Unamos Nuestros Esfuerzos, Podemos ser una familia feliz.*** Original printing 1976. 15 pp.

Pyramiding Resources

National Federation of Parents for Drug Free Youth (NFP), 9805 Dameron Drive, Silver Spring, Md. 90203. (301) 593-9256.

- New parent groups affiliating with NFP may now receive a group tax exempt status. Memberships are still $10 for individual, and $25 for group membership. Membership brings a newsletter and a Parent Group Starter Kit. A list of NFP publications is available.

American Council on Marijuana (ACM), 136 East 64th St., New York, N.Y. 10021 (212) 758-8060 and 6193 Executive Blvd., Rockville, Md. 20852 (301) 984-5700. Robert L. Dupont, M.D., president.

- General membership fee of $20 brings a quarterly newsletter; a list of publications available from ACM; announcements of conferences and seminars; and priority consideration for ACM conference registrations. Youth memberships are $5 for persons under 18.
- Publications include a ***Physicians Speakers' Kit, Suggested Reading List on Marijuana***, and scientific monographs on various aspects of drug abuse.
- Film, ***Danger Ahead: Marijuana on the Road,*** features Jason Robards.
- A documentary showing young people in action against drug abuse broadcast on Public Broadcasting Service television stations in 1982.
- Conference, December 1981, explored the theme "Marijuana: the National Impact on Education."

Wisconsin Clearinghouse, University of Wisconsin Hospital and Clinics, 1954 East Washington Ave., Madison, Wis. 53704. (608) 263-2797.

- Publications Price List, 1981.
- ***Alcohol and Marijuana Info for Teens.*** A fact sheet.
- ***What You Can Do,*** by Richard Yoast, edited by Michel Avery. 45 pp. $2.25. A manual on organizing for community action to prevent drugs and alcohol abuse, and other social problems.

National Interagency Council on Smoking and Health, Room 1005, 291 Broadway, New York, N.Y. 10007. (212) 227-4390. William Anderson, M.D., chairman.

- ***Dangers of Smoking—Benefits of Quitting & Relative Risks of Reduced Exposure,*** revised edition, by the American Cancer Society, Inc. An up-to-date summary of the key scientific and medical studies, plus new information on economics, psychology, pharmacology, and other aspects of tobacco smoking and health. An excellent sourcebook, especially timely since the new Surgeon General's Report deals with ***Smoking and other Cancers*** (January 1982 release date coincided with National Education Week on Smoking, January 10-16, 1982.)

Junior Achievement Inc., National Headquarters, 550 Summer St., Stamford, Conn. 06901. (203) 359-2970.

- ***The Teen Environment***, based on a study of growth strategies for Junior Achievement conducted by the Robert Johnston Company, Inc., August 1979–March 1980, funded by the Alcoa Foundation. Although most of the recommendations are applicable to the Junior Achievement organization, this edited version is addressed to educators, businessmen, media, youth organizations, and others concerned with the teen milieu. The study was commissioned to assist Junior Achievement plot its programs for the next decade. It follows up on a prior Johnston Company study, "The Value Change Process in America: 1968–79," which monitored alterations not only in values and behavior but also changes in the methods by which society forms and transmits its values to youth. "Home, church, and school in combination ***are probably no longer the primary source of input to the process of formulation of behavior by high school students.*** The combination of ***celebrities, media, and peers is very often substituted for them. The interaction between these three forces may be the key to behavior formation.*** . . .Many youth who are seeking 'a handle' on standards and ethics which are dependable ***are caught in between the enormous power of their peers and the values of their families.*** Parents and teachers have taken a disproportionate share of public blame for negative youth social statistics, some of which blame should be placed on influences which are external to the home or classroom." The study provides food for thought.

Essence of Adolescence, **168 Woodbridge Ave., Highland Park, N.J. 08904. Fred Streit, Ed.D., publisher.**

- From 1975 to 1981 the publisher has underwritten all costs of publishing except typesetting, printing, and mailing costs, thus keeping the subscription rate low. Beginning October 1981, new and renewal subscriptions were raised to $25. per year. The publisher: "Our choice was to make significant changes to reduce costs and quality or to raise the price and maintain the quality. There isn't any real choice to make."

Judson Press, Valley Forge, Pa. 19481.

- ***Family Enrichment with Family Clusters***, by Margaret M. Sawin. 1979. 156 pp. $5.95. Family clustering, a program for strengthening families used widely in Christian life programs, is a model developed by the author in 1970. It is an educational mode for well-functioning families and is not counseling or therapy. The book is a guide to the development of the family cluster model and the fostering of clusters within a congregation or parish. It describes various models for family enrichment, curriculum and resources, and how the model may be adapted by churches. For further information, contact Family Clustering, Inc., P.O. Box 18074, Rochester, N.Y. 14618, (716) 442-6057 or answering service, (716) 232-3530.

Pyramiding Resources

Potomac Press, Pacific Institute for Research and Evaluation, 7101 Wisconsin Ave., Suite 1006, Bethesda, Md. 20814-4864.

- ***Strengthening the Family***, by H. Stephen Glenn. 1981. 27 pp. $2.50. This helpful booklet is a distillation of the key themes Dr. Glenn explores in his workshops on family development. As a popular consultant to concerned parent groups, Steve Glenn provides parents with not only skills development, but confidence and optimism. In his introduction, he expresses this faith in parents: "I have had some of the greatest teachers in the world: men and women who are succeeding in their families in the midst of chaos and problems. For nearly twenty years I have been watching those families who are doing things well—turning out solid, capable children in the midst of some of the most difficult environments on earth. . . . I have studied what they are doing to accomplish that, and those are the things I would like to share with you."
- ***How to Talk to Kids about Drugs***, by Suzanne Fornaciari. 1980. 31 pp. $2.50. It's not only about talking to kids, but about listening as well.

Longman, Inc., 19 West 44th St., New York, N.Y. 10036.

- ***Parenting in a Multicultural Society***, edited by Mario D. Fantini and Rene Cardenas. 1980. 336 pp. $25. Parenting patterns of Native Americans, Chicanos, Puerto Ricans, Asian-Americans and Afro-Americans, and how they differ from perceived norms. Covered in the 24 essays are such considerations as the question of universal factors in childrearing, research about effective parenting, role of the schools in promoting better parenting, successful parent education programs, and guidelines for national legislative action aimed at helping adults become better parents.

Andromeda Hispano Health Center, 1823 18th St., NW., Washington, D.C. 20009. (202) 387-8928.

- Questionnaire for Hispanic Community Survey, by Arawak Consulting Corporation. A needs assessment tool to ascertain how the Hispanic community perceives its needs for alcohol, drug abuse, and mental health services. Includes an interviewers' manual.

Indiana University, Department of Health & Safety Education. School of Health, Physical Education, and Recreation, HPER Building, Room 116, Bloomington, Ind. 47405. William J. Bailey, managing editor. (812) 335-7975.

- ***Bibliographic Index to Health Education Periodicals*** (BIHEP), the first comprehensive index to the periodical literature in Health Education has been announced. BIHEP has begun indexing articles and other items from 150 scholarly periodicals, including ***Prevention Resources***, as well as major books, monographs, conference proceedings, and "fugitive papers" of interest to Health Education professionals. BIHEP's data base begins with materials published on or after January 1, 1980. It will be published in Annual Cumulative Editions for 1980 and 1981, and will begin a quarterly softbound with Annual Cumulative format in 1982. For subscription information write to above address.

California State Department of Alcohol and Drug Programs, 111 Capitol Mall, Sacramento, Calif. 95814.

- ***Report from the Multicultural Parent/Family Think Tank.*** 1980. An exploration of multicultural relevance in the parent power movement.

President's Commission on Drunk Driving, National Highway Traffic Safety Administration, NTS 10, 400 7th St., SW., Washington, D.C. 20590. John Volpe, Chairman. (202) 426-2180. (John Moulden, public information.)

- ***How To Save Lives and Reduce Injuries: A citizen activist guide for effectively fighting drunk driving***, by Sandy Golden. In press.

American Council on Alcohol Problems, Inc. (ACAP), 6955 University Ave., Des Moines, Iowa 50311. William N. Plymat, Sr., executive director.

- ACAP has been in the forefront of the movement to find solutions to the alcohol problem in the United States since 1895. It has been known by several names: the Anti-Saloon League of America, the Temperance League of America, and the National Temperance League. The organization's main work is collecting and disseminating information. Publications include:
  - ***The American Issue***, quarterly news magazine, $2 a year. The January/February/March 1982 issue reports on the President's Commission on Drunk Driving, a 30-member panel established "to aid the States in their fight against the epidemic of drunk driving on the nation's roads."
  - ***Students Against Driving Drunk***. 1982. A fact booklet about the S.A.D.D. program—what it is, how it started, who helped it get going, how the program expanded. The booklet was prepared as a presentation to secure financing of S.A.D.D. as a national program.

Board of Church and Society, United Methodist Church Service Department, 100 Maryland Ave., NE., Washington, D.C. 20002.

- ***Engage/social action*** (e/sa) magazine, July 1982, highlights the (e/sa) forum on "The Role of the Family in Substance Abuse."

Pyramiding Resources

Drug Abuse Council of Snohomish County, Inc., 2730 Pine St., Everett, Wash. 98201. (206) 259-7142; and 3810 196th St. SW., Lynwood, Wash. 98036. (206) 771-8385. Kim Geringer, Project Health director.

- ***Project Health!*** Produced and Directed by (your name). This enjoyable workbook was designed for children in the 7th, 8th, and 9th grades—those years when children begin to decide whether to smoke, drink, or do drugs. The format requires active participation of the individual student in a sequence of project assignments that include keeping a log. Eight sessions: introduction, media, family, friends, alternatives, decisions, TV production, and wrap-up.

  Brochure, ***Project Health!*** and a program description are available. The emphasis is upon preventing children from smoking and using alcohol because they are the most commonly used drugs. The program teaches by participation in small groups using videotape and active learning exercises.

Washington State Department of Social and Health Services, LB12-C, Olympia, Wash. 98504.

- ***Healthy Choices*** was prepared for the State of Washington's Department of Social and Health Services by Roger J. Meyer, M.D., M.P.H. The handbook is highly informative and wide-ranging. It offers definitions of the various aspects of good health: self-care, preventive medicine, stress management, nutrition, fitness, holistic health, ecologic medicine, wellness inventory, and handicaps (limitations to good health). A table translates calories in selected food portions into minutes of certain exercises required to burn up those calories. Chapters are on statewide services and hotlines, non-Washington programs, good selection of reading materials, and personal health record-keeping.

Western Center for Health Planning, 703 Market St., Suite 535, San Francisco, Calif. 94103. (415) 546-7601.

- The Center is sponsored by the Western Consortium for Continuing Education for the Health Professions. ***Technical Assistance Memo 67***, August 25, 1980, is based upon ***Health Education in Rural Areas: The Cooperative Extension Service as a Resource***, by Harry L. Ferguson, M.D., Health Policy Analyst, U.S. Department of Agriculture, and Vivian Lin, Western Center for Health Planning. ***Memo 67*** suggests that Health Service Agencies explore working for health education activities in rural areas with the different branches in the USDA Extension, e.g., 4-H, community resource development, and family living. A directory of all on-going community resource development in Extension and rural development in the Western states is included.

Project Info, 9800 South Mills, Whittier, Calif. 90604. (213) 944-6441. J. Lindsay Woodward, executive director.

- A series of 7 classes offered over a 7 to 10-week period geared to improving communication skills and family relationships. Classes are conducted in English and Spanish. The project has been operating successfully in the Greater Whittier area, Los Angeles County, since 1973.

  - ***'Pickles and Jams'*** (and How to Get Out of Them), a multimedia social science program for 5th and 6th grades, was developed by Project Info under a grant from NIDA. There are five films: ***The Party; Broadcast for Becky; The Treehouse; Teacher's Role;*** and ***A Recipe for Solving Dilemmas.*** These short films (7–11 minutes each) were designed to get children involved in the process of solving dilemmas before they become real problems. The problems depicted are real-life situations in which children can place themselves and then discuss the various consequences of particular decisions. The series illustrates how small problems can become big ones. Children are helped to see how certain patterns of behavior only lead to more problems.

DeKalb Families in Action, Inc., 3845 North Druid Hills Road, Suite 300, Decatur, Ga. 30033. (404) 325-5799.

- ***How to Form a Families in Action Group in Your Community***, by Sue Rusche. 149 pp. $10 single copy; 2-9 copies, $9 each; 6 or more, $8. Tells practically all about getting a group started, except some of the nuts-and-bolts budget and funding steps. With the feedback and evaluation of the manual now being conducted, Sue Rusche is planning a revised edition that will include a chapter on budget planning and fundraising, and a directory of all the groups that have used the manual to start programs.
- ***Drug Abuse Update***, newsletter, is a good source for ongoing coverage of the parent movement, especially coverage of public policy and legal issues.

National Commission on Resources for Youth, Inc. (NCRY), 36 West 44th St., Room 1314, New York, N.Y. 10036. (212) 840-2844.

- NCRY's premise is that "youth are ready to make significant contributions to their communities; that they can assume responsible, decisionmaking roles, become productive partners of adults, and enhance the quality of their own lives by helping others."
- ***Current Publications and Resource on Youth Participation*** updates NCRY's publications and activities to expand opportunities for youth participation.

Pyramiding Resources

For Character, 1245 West Westgate Terrace, Chicago, Ill. 60607. (312) 738-1677.

- ***For Character*** is an organization of professionals and parents concerned about the public and private policies which shape the character of young Americans. In the Statement of Purpose, the word "character" refers to traits that relate to America's central values. Such traits include persistence, tact, self-reliance, generosity, and loyalty. Membership brings a bimonthly newsletter, ***Character II***, edited by Edward A. Wynne. $30 a year per membership; and $9 for newsletter alone.
- ***Character***, Volume II, Number 11, September 1981 featured ***"Peers: The Key to Healthy Development and Socialization,"*** by David W. Johnson and Roger T. Johnson. This treatise on peers as an essential learning experience for children notes that in many families, child/child relationships have been de-emphasized, and that adult-centric views are reflected in the policies of our schools. Though there is now a large body of information to help parents communicate with their children, there is very little on how parents should structure constructive interaction among their children and with their childrens' peers. As in the home, so in the schools, "there is a dearth of opportunities for students to take productive action, fulfill responsibilities that affect the welfare of others, and function as responsible citizens. Adolescents and young adults can graduate from high school and college without ever having to care for and console another person who needed help." The authors offer a schema for promoting prosocial action (equity system, equality system, and a need system, with appropriate use of all three systems).

Educational Media Corporation, P.O. Box 21311, Minneapolis, Minnesota 55421.

- ***Children Helping Children: Teaching Students to Become Friendly Helpers***, by Robert D. Myrick and Robert P. Bowman. 1981. 280 pp. $9.95.
- ***Becoming a Friendly Helper: A Handbook for Student Facilitators***, by Robert D. Myrick and Robert P. Bowman. 1981. 120 pp. $4.95. These companion volumes are designed to meet the need cited by Dr. Johnson in the preceding item. They are written for elementary and middle school counselors, teachers, and principals who want to improve the school climate in their schools; and for students—to help them learn to take a more active role in the helping process. These volumes are an outgrowth of the developmental guidance movement pioneered by Verne Faust and Don Dinkmeyer. Together the two books provide suggestions and format for building a comprehensive student facilitator program for grades 4-8. The book should be of great value to the approximately 12,000 counselors now employed in the elementary schools of the nation as well as classroom teachers interested in promoting social skills and character development.
- ***Caring and Sharing: Becoming a Peer Facilitator***, by Robert D. Myrick and Tom Erney. 1981. 224 pp. softcover $6.95. The student handbook contains 9 chapters of structured training, with 28 activities to personalize the concepts.

Argus Communications, Inc., IDLM Park, Allen, Tex. 75002.

- ***Helping Kids Make Friends***, by S. Holly Stocking, Diana Arezzo, and Shelley Leavitt, in cooperation with the Boys Town Center for the Study of Youth Development. 1980. 93 pp. $2.50. "Childhood friends are important. But some youngsters don't have any. Disliked or ignored by other children, they grow up without anyone to play with, talk to, or just enjoy. This book is designed for adults who want to help such children. . . . We would like to stress that the approaches we are suggesting can be used to foster social skills in any child, whether or not that child is having difficulties with other children. In our view, routine instruction in social skills can help to ***prevent*** problems with peers, as well as to correct them." (Quote is from the authors' preface.) A beautiful book.

Boys Town Center for the Study of Youth Development, Communications and Public Service, Boys Town, Neb. 68010.

- ***Youth Helping Youth: A Directed Group Experience for Abused Adolescents***, by Barbara Lonnborg, Marilyn Fischbach, and Melinda J. Bickerstaff, a revised version of ***Creating a Youth Self-Help Group*** 1981. 43 pp. $2.50.
- ***Television & Youth: 25 Years of Research & Controversy***, by John P. Murray, Ph.D., research director, Boys Town Center for the Study of Youth Development. 1980. 278 pp. $10. This thorough multidiscipline/multination coverage of the subject helps the reader to understand better both television and youth. Good but short chapter on prosocial television, to the extent it exists.

Fox Run Press, 46 West 94th St., New York, N.Y. 10025.

- Newspaper reprint rights are available to Peggy Mann's 6-part series on marijuana: $35 for small, local papers; $50 for medium circulation; and $100 for large city papers. The series has been updated to include scientific information not published heretofore for the general public.
- ***How to Keep Drunk and Pot-High Drivers Off the Highway***. 1981. $5. This two-part book presents the statistics, and reports on what local communities are doing and can do to change those statistics.

Medical Education and Research Foundation, P.O. Box 2166, Indianapolis, Ind. 46206.

- ***Teaching Guide: Marijuana***, curriculum based on articles by Peggy Mann. (For information about the curriculum, developed by the San Juan School District, Carmichael, Calif., contact Ms. Carla Lowe, 4241 Rio Monte Court, Carmichael, Calif. 95608. (916) 483-3127.)

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Spotlighting Knowledge:

PREVENTION RESEARCH AND KNOWLEDGE DEVELOPMENT

Richard S. Schweiker, former Secretary of Health and Human Services, estimated that 50 to 80 percent of drug and alcohol abuse research worldwide is supported by the Department of Health and Human Services through the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. In his remarks to the annual conference of the Alcohol and Drug Problems Association, Washington, D.C., August 30, 1982, Schweiker assured the participants that there will be a continuing Federal support for research, and that the role of the Alcohol, Drug Abuse, and Mental Health Administration will be expanded into new research fields.

"First and foremost, there will be a continuing effort to learn the effects and consequences of alcohol and drug abuse. We don't yet fully understand the interaction of biological and social factors that lead to drug and alcohol abuse and dependence, nor why some groups seem more or less vulnerable," Schweiker said. He listed research priorities of the Department:

- health consequences of marijuana and cocaine use, especially related to children, adolescents, young women of childbearing age, and the fetus
- alcoholism and drug abuse at the worksite
- new diagnostic and therapeutic techniques
- addiction
- epidemiology.

Schweiker cited epidemiological research that has provided valuable data about the effects of changing the legal drinking age on auto accidents involving young people, and the national surveys of drug and alcohol use among American high school students that have brought new insight into behaviors and attitudes of high school seniors. This research, he asserted, "has driven us into action and shown that our prevention efforts are working." He added, "Both the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism are gathering a growing body of knowledge about prevention that will eventually spare millions of Americans from the destruction of drug and alcohol abuse."

* * *

The Prevention Branch of NIDA has attempted to determine which prevention strategies and models show promise as well as those strategies that have proved to be effective, and to inform the field accordingly.

In recent years researchers have begun paying attention to prevention strategies that teach young people to resist peer pressure by simply "saying no." Significant positive results have been found in a variety of closely related university-based research and demonstration programs that rely largely on the body of research known as social learning theory. These programs assume that social models are an important

(Continued on page 3)

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For further information about technical assistance and resource sharing write:

Prevention Branch
Division of Prevention and Communications
National Institute on Drug Abuse
Room 11A33, 5600 Fishers Lane
Rockville, Md. 20857.

Principal author and editor: Louisa Messolonghites.

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Spotlighting Knowledge (Continued from page 1)

factor in the development of behavior and that social situations contain within them specific behavioral cues (Bandura 1977). Other research has supported the programs' basic premise that rehearsing responses to influences that could be detrimental to one's health makes it more likely that one will use those responses in appropriate situations (McGuire 1969).

Although most of the research on "saying no" has, so far, been done in the area of preventing cigarette smoking, new research is being done to test the effectiveness of the strategy in the prevention of drug and alcohol abuse.

The first program to emphasize modeling of resistance behaviors using videotapes was designed by Richard Evans and his colleagues at the University of Houston. In fieldwork begun in 1976 the researchers determined that most students were aware of the long-term risks of smoking. However, they found that three sources of social pressure—peers, parents, and the media—had a more immediate influence on children's initial smoking behaviors. That these pressures can override knowledge of the health risks of smoking has been corroborated in subsequent research done at Stanford University (McAlister et al. 1979) and the University of Minnesota (Roemhild, Murray 1980). Evans and his colleagues also determined in their early work that the critical period of susceptibility to influences to start smoking begins upon entering seventh grade (Evans et al. 1978).

Variations of the University of Houston videotapes have been used around the country—at Stanford University, the University of Washington, and the University of Minnesota.

Early research done by the Stanford University Heart Disease Prevention Program elaborated on the Houston videotape delivery system. Working with Alfred McAlister at the Harvard School of Public Health, Cheryl Perry and Nathan Maccoby added a role-playing component to accompany the presentation of resistance skills on the tapes. They felt that without guided practice, students might not have the confidence to apply the techniques demonstrated on the videotapes.

Perry and Maccoby also instituted the use of specially trained peers as primary delivery agents of the social skills material and as counselors to offer advice on how to handle personal problems. This program was tested in a school in the Bay Area of California in 1977-1978. An important finding was that the program seemed to influence the school's whole social atmosphere. Students no longer viewed it as "cool" to smoke, and many reported that "hardly anybody smokes now" (McAlister et al. 1979). Results of the program in California showed that it increases students' commitment not to smoke, and students in the program smoked at less than one-half the rate of a control group that received health consequences education but no training in resisting pressures. Even though no specific mention was made of alcohol and marijuana in the program, the use of both dropped by at least half in the treatment group (McAlister et al. 1980).

In 1977, researchers Russell Luepker, David Murray, Helen Roemhild, and others at the University of Minnesota, in collaboration with C. Anderson Johnson at the University of Southern California, implemented a pilot study known as the Robbinsdale Anti-Smoking Project (RASP). They used videotapes with content similar to Evans', but technically much cruder. They also used students from the target group as actors. College students and classroom peer leaders facilitated a program that included information about peer, family, and advertising influences and the immediate physiological effects of smoking, and also offered training in resistance skills. An innovation in this program was that the students were encouraged to make public commitments of their intentions not to smoke. Peer-led classes in this program seemed to be much more effective than those led by college students.

In 1979, Luepker and his colleagues initiated a 3-year program called Prevention of Cigarette Smoking in Children. This program tested four separate strategies: adult-led sessions on the long-term health consequences of smoking; adult-led sessions on social consequences using films depicting refusal techniques; peer-led social consequences sessions with films; and peer-led social consequences sessions without films. At the end of the first year the researchers were surprised to learn that all four strategies seemed to be equally effective in preventing the onset of smoking (Roemhild, Murray 1980). According to Johnson, however, the long-term effects of health-oriented programs are still in question, while the effects of social programs seem to be enduring. Johnson believes that there may be interaction effects between content and delivery agents so that health programs are more effective when led by adults, and social programs are more effective when facilitated by peers (Johnson 1981).

Spotlighting Knowledge:

NIDA is supporting a multi-substance drug abuse prevention project for youth, Project SMART (Self Management and Resistance Training). This research, conducted by Dr. C. Anderson Johnson of the Health Behavior Research Institute, will compare the effectiveness of two different curriculums in deterring the onset and reducing the prevalence of tobacco, alcohol, and marijuana use among youth in grades 6, 7, 8, and 9. One curriculum emphasizes the development of social influence resistance skills. In this program students become acquainted with various types of social pressures to use drugs and learn techniques to say "no" to such pressures. The second curriculum emphasizes the development of skills relevant to self-management and assertiveness. Common to both programs is the use of same age peers who serve as skill leaders in sessions throughout each program. Students see demonstrations, participate in role plays, and repeatedly rehearse these skills. Information about the consequences of drug use is provided in the context of mastering the particular skills emphasized in each program. Both the self-management and the resistance training curriculums contain 11 active teaching sessions. The study, begun in March, 1982, is longitudinal and will continue for five years. Students from 56 junior high school complexes are scheduled to participate.

Contacts: **Dr. C. Anderson Johnson, Dr. William B. Hansen, or Dr. Brian R. Flay, Health Behavior Research Institute, School of Pharmacy, University of Southern California, Los Angeles, Calif. 90033. (213) 224-5794. William J. Bukoski, Ph.D., Division of Clinical Research, Prevention Research Branch, NIDA, Room 10-A-20, 5600 Fishers Lane, Rockville, MD. 20857. (301) 443-1263.**

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* * *

PREVENTION RESEARCH AND KNOWLEDGE DEVELOPMENT

A number of research studies that have demonstrated certain positive outcomes were reported in 1982. The following summaries and excerpts from selected papers are an indication of the kinds of new knowledge that have implications for drug abuse prevention.

The Napa Project. National Institute on Drug Abuse. Principal Investigator: Eric Schaps, Ph.D., Pacific Institute for Research and Evaluation.

In a 4-year effort to evaluate rigorously the effectiveness of seven school-based primary prevention strategies, the results call into question the value of purely "affective" teacher training. Four in-service teacher training programs were evaluated in separate studies, as were two alternatives programs and an innovative drug education course. These approaches were:

- Magic Circle—provided to third and fourth graders via their teachers
- Effective Classroom Management (ECM), delivered to fourth, fifth and sixth graders via their teachers
- Effective Classroom Management (ECM), delivered to seventh, eighth, and ninth graders via their teachers
- Jigsaw—delivered to fourth, fifth, and sixth graders via their teachers
- Cross-Age Tutoring—offered to eighth and ninth graders by school personnel with the assistance of project staff
- Operating a school store—offered to eighth and ninth graders by school personnel with the assistance of project staff
- Drug education—provided to seventh graders by project staff

Results indicate that the drug education course had some positive initial effects on girls but little effect on boys. None of the other strategies showed a pattern of significant effects.

The policy and programming implications of the Napa Project are important. The project shows that rigorous evaluation of prevention strategies is feasible and worthwhile, and suggests ways of making evaluation research more successful. This study suggests that immediate effects of the strategies employed were minimal regarding drug prevention. Further studies are needed to determine effects of these strategies in similar settings and in comparison or combination with more drug specific curriculums, such as Saying No.

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Beverage Control Laws and the Prevention of Alcohol-Related Problems: The Minimum Legal Drinking Age. Alexander C. Wagenaar, Ph.D., The University of Michigan, Highway Safety Research Institute.

This study addresses the issue of using alcoholic beverage control laws to restrict access to alcoholic beverages as a means of reducing the incidence of alcohol-related public health and safety problems. One such legal restriction—minimum legal age for purchase and consumption of alcoholic beverages—was the basis for a systematic evaluation of the effects of returning to higher drinking ages prevalent prior to the early 1970's, when legal ages for drinking were lowered in 29 States. With an accumulating body of evidence connecting the lowered legal drinking age with alcohol-related health problems, particularly increased numbers of motor vehicle accidents by young drivers, the trend reversed. Between 1976 and 1982, 17 States raised their minimum drinking age.

The research design involved three levels of comparisons in order to ensure that observed changes in crash involvement were due to the raised drinking age:

- States that raised the drinking age were compared with States with unchanged drinking ages.
- Within each State, the crash involvement experience of young drivers was compared to that of older drivers, and
- Within each State and age group combination, the frequency of alcohol-related crash involvement was compared to the frequency of non-alcohol-related crash involvement.

In addition, each crash category was analyzed on a monthly basis for an extended multi-year period, to control for such factors as long-term trends and seasonal cycles.

The best estimates of the effects of the raised drinking age are in Michigan and Maine as follows:

- Michigan drivers, ages 18–20, experienced a net reduction of approximately 20 percent in the frequency of involvement in alcohol-related injury-producing crashes, due to the higher drinking age.
- Young Michigan drivers were involved in 17 percent fewer alcohol-related property damage crashes after the drinking age change.

Spotlighting Knowledge:

- Maine drivers, ages 19–20, were involved in approximately 20 percent fewer alcohol-related property damage crashes after the drinking age was raised.

These crash reductions were causally attributed to the higher drinking ages. Substantial decreases in crash involvement were limited to alcohol-related crashes among young drivers in States that raised the drinking age, with no comparable reductions in non-alcohol-related crashes among youth, crash involvement of older drivers within the same State, or crash involvement of young drivers in comparison States with unchanged drinking ages.

While the minimum drinking age does not solve the drinking-driving problem among youth, it is clear that minimum age laws are an effective means for the prevention of alcohol-related motor vehicle crashes, the leading cause of injury and death among youth.

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Social Skill Training of Children and Families as a Drug Abuse Prevention Strategy. Bernard Guerney, Jr., Ph.D., Professor of Human Development, Head, Individual and Family Consultation Center, the Pennsylvania State University, University Park, Pennsylvania, 16802.

A growing body of research suggests that parents influence attitudes and behaviors of their children, including attitudes and behaviors that bear on drug abuse. Use of illegal drugs by parents is correlated with drug use by their children (Salber, MacMahon 1961; Smart et al. 1971; Lewis, Trickett 1974; Tec 1971).

Conflicts, frustration, and hostilities generated within the family of origin are important contributing factors in drug abuse. Major reasons appear to be poor communication and poor social and conflict/problem resolution skills within the family (Blum 1972, 1969; Chein 1964; Galli 1974; Leiberman et al. 1973; O'Dowd 1973). Such lack of skills is likely to generate in children frustration, anger, and low self-esteem, and engender similar skill defects. This would be expected to foster a tendency in children from such families to seek quick "relief" from anxieties and the attainment of temporary gratifications through alcohol or drugs. By virtue of the same familial lack of skills these children probably also would lack the goal-orientedness, planning, and social skills to resist peer pressure toward drug abuse.

An exciting research development of the last decade has been the consistent buildup of evidence that persons can be directly trained in psychological and interpersonal skills which previously were considered remediable only by the less direct means of therapy and social support groups. Research by Guerney and his colleagues has demonstrated gains in personal and interpersonal skills through social skill training—research that spans 20 years and includes many separate studies. Their research has shown that a method of training called Relationship Enhancement is more effective than a number of traditional methods (Guerney et al. 1981; Jessee, Guerney 1981; Ross et al. 1982; Haynes, Avery 1979; Avery et al. 1981).

Recent research suggests that it is possible to teach skills directly, not only to children (Vogelsong 1978) and adolescents (Haynes, Avery 1979; Avery et al. 1981), but in the case of very young children, to parents who could pass the skills on to children by role modeling and by direct instruction. Whole families or groups of families also can be taught such skills directly. There is strong evidence that such a skill training process can remedy difficulties already existing, and that the benefits are durable (Guerney et al. in press). Training for preventive purposes can be done economically, effectively, and successfully by trained lay volunteers (Most, Guerney 1982; Avery 1978; Guerney 1969; Levine 1977; Cadigan 1980; Hatch 1977).

In one of Guerney's most recent studies, mothers and their daughters, ages 11–18, were recruited primarily by approaching the children in public schools in working-class, rural districts. Participants were randomly assigned to one of three conditions: (1) a no-treatment group in which they were simply paid to complete the experimental measures at the various testing times, (2) a group modeled after traditional group therapy and support groups where the leader was free to do everything s/he thought would be helpful to strengthen the relationships between the mothers and daughters and to promote good communication and problem solving, except to use direct skill training and supervised skill practice, and (3) the Relationship Enhancement condition, in which the leader was not allowed to do most of the things group leaders typically do, and was not permitted to get involved in the content of the issues and problems the group discussed, but was permitted to do only Relationship Enhancement skill training and to supervise the practice of mother-daughter pairs as they used the skills themselves to resolve their conflicts and enrich their relationships. There were 18 pairs assigned to each condition, with only a few dropouts from any condition.

Analyses of variance of repeated measures and t-tests showed the traditional method superior to no treatment at post-testing on just one of the three types of variables studied. The types of variables were: (1) specific, behaviorally assessed communication skills, empathic understanding skills, and expressive skills which include constructive assertive behavior, (2) the general patterns of their communication assessed by questionnaire in such areas as the things chosen to communicate, the frequency of communication, providing adequate feedback, and feeling understood, and (3) the general quality of the relationship as measured by questionnaire in terms of trust, empathy, genuineness, intimacy, openness, harmony, and general satisfaction with the relationship. Each variable was assessed by a variety of different measures. The Relationship Enhancement method, in addition to being superior to no treatment, was superior to the tradional treatment in all three areas.

Six months after termination, at followup, mothers and daughters in the traditional treatment no longer showed any greater gains than the no-treatment mothers and daughters. Participants in the Relationship Enhancement program still showed significantly greater gains in all three areas on nearly all of the 18 measures used.

There seems little doubt that social skill training can be taught to families, children, and youth to help prevent drug abuse. What is needed is a systematic way to bring such training to families, particularly those at risk. Ways to bring this training to families may include providing it in public schools, or tying the programs into other existing community programs. Another avenue would be to blend community resources and family resources. Such a program could build a network for parents and children to help them maintain and strengthen the skills they have learned, providing an additional supportive bulwark against drug abuse.

A bibliography is available from Dr. Guerney.

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Family Effectiveness Training. Arturo T. Rio, Ph.D., Senior Researcher and Evaluator, University of Miami, Spanish Family Guidance Center, Coral Gables, Florida.

Family Effective Training (FET) is a drug abuse prevention program that was designed by the Spanish Family Guidance Center at the University of Miami Medical School for work with Hispanic families with children ages 6–12. The FET approach is designed for families who are experiencing development problems and pre-adolescents who manifest problem behavior considered high-risk factors for later drug use/abuse.

The FET program proposes to reduce cultural gaps that exist between family members, teach basic concepts of appropriate family functioning, and disseminate information about drug use and abuse as it specifically relates to Hispanics in the United States.

The program consists of a series of structured educational/experiential interventions where parents and children participate together in weekly sessions for a period of three

(Continued on page 10)

Trends in Prevention:

The Administration has announced as a national goal the reduction of daily drug use by high school seniors by 30 percent in 1983, and the establishment of parent groups in every high school in the Nation by 1984. In his press briefing of October 5, 1982, Dr. Carlton Turner, Director, Drug Abuse Policy Office, the White House, explained how the *Federal Strategy for Prevention of Drug Abuse and Drug Trafficking, 1982* differs from previously released Strategy documents. "For the first time we have all the prongs of a comprehensive, coordinated program listed. We're calling on the private sector, which is different from the past." Other differences from past Federal Strategies noted by Dr. Turner are the new emphases on State organizations and grassroots parent groups, and the fact that there will not be a single drug priority. The Federal drug programs are being re-oriented to meet the specific needs of communities, with priorities established on a local or regional basis.

In looking toward the private sector as a vital new component in the delivery of drug abuse prevention and treatment services, the Administration established a clearinghouse to collect and provide information about local private sector initiatives. During its year-long mission, the President's Task Force on Private Sector Initiatives started a computerized databank, known as Building Partnerships USA, to document examples of private sector involvements in meeting social needs. Of the first 1,250 projects entered into the databank, 150 were drug abuse programs supported in part by the private sector. Upon completion of the Task Force's mission, the clearinghouse function and computerized databank were taken over by two private sector organizations, Partners for Livable Places, 1429 21st St. NW., Washington, D.C. 20036, (202) 887-5990, and the Citizens Forum on Self-Government, 55 West 44th St., New York, N.Y. 10036. The databank, now called Partnership Dataline USA, is in New York with a toll-free number (800/223-6004; in Alaska, Hawaii, and New York State, 212/730-7930). Printouts will be available to persons requesting specific types of programs. Descriptors include: purpose of project, areas of concentration, target audience, geographic scope/population, target populations, annual cost, source of project funds, numbers of volunteers, nature of volunteer involvement, and outstanding features, with a project summary.

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One of the projects summarized in Partnership Dataline USA is the Channel One program. (See *Prevention Resources*, Summer 1982, Spring 1982, Fall 1981, Spring 1981, and Fall 1980 for more on Channel One.) Channel One requires sponsorship by the private sector and the active participation of citizens and youth-serving agencies.

The National Institute on Drug Abuse provided substantial funds through the States to promote the Channel One concept and programs. By the end of 1982 there were 168 active programs in 43 States. Four new Channel One programs were started in Tennessee in November and December, while three more Channel Ones are being launched in remote Alaskan villages, and another is starting up in Ohio. The Channel One concept continues to prove its adaptability in all kinds of geographical and cultural settings. Across the Pacific Ocean on Guam, Channel One is showing its value for community improvement and healthy development of youth in the villages of Agat, Barrigada, Tamuning-Tumon-Harmon, Talofofo, and Yona. In the Province of Alberta, Canada, Channel One was selected as the model for Provincial youth programs.

* * *

A new initiative is being undertaken by the private sector that promises to make a sizable impact on the public consciousness for prevention of substance abuse. A number of national organizations with a shared commitment to prevention have formed a National Coalition for the Prevention of Drug and Alcohol Abuse. In uniting their efforts at the national level and making a commitment to a five-year top priority to the confrontation of the problem, the Coalition plans a nationwide positive prevention program of education and awareness. Member organizations with representatives on the steering committee represent more than 12 million Americans: American Association of School Administrators, Association of Junior Leagues, National 4-H Council, National PTA, the Pacific Institute for Research and Evaluation, and the Quest National Center. The Quest National Center has evolved from a successful drug abuse prevention program, Quest, Inc., of Findlay, Ohio. (See *Prevention Resources*, Summer 1981.) Three supporting organizations, Rotary Clubs, the National Federation of Parents for Drug-Free Youth, and the Education Commission of the States, will further broaden public support for the work of the Coalition. A sustained effort of this magnitude and duration is likely to generate strong support from corporate, entertainment, and government leaders that will continually reinforce the existing interest and commitment of groups working at the grassroots level in the cause of prevention. NIDA has supported the work of the Coalition by providing technical assistance in program planning and development.

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SHARING KNOWLEDGE AND TECHNOLOGY / PUBLIC AND PRIVATE SECTOR COLLABORATION

Another example of public/private sector collaboration is the pioneering work between the single State agency and the black ministers in Texas. The State Prevention Coordinator, Carlene Phillips, assisted by NIDA's Center for Multicultural Awareness (CMA), designed a conference on "The Church and Drug Abuse Prevention in Black Communities," held in Austin, December 1981. Recognizing the value of involving religious leaders, especially those in black and Hispanic communities throughout the State, Ms. Phillips asked CMA for assistance in developing a manual to be used in training clergy in prevention concepts and practice. Her model for training minority leaders uses a 2-day workshop and the training manual. With the assistance of the Texans' War on Drugs (*Prevention Resources*, Spring 1982) the model is being disseminated throughout the State.

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Stopping drugs at the source (supply reduction) is being complemented by a demand reduction prevention approach in a comprehensive plan being developed for Greater Atlanta. The plan will also be presented to the Georgia legislature as a blueprint for Statewide action. A series of strategy meetings with Mayor Andrew Young have helped the planners refine the plan. William Johnson, director of the single State agency, and Tom Adams, representing NIDA through the Pyramid Project, compiled a draft outlining the demand reduction part of the plan. Gene Slade, director of the Atlanta Crime Commission, drafted the supply reduction action plan, using Stop Drugs at the Source as a citizen-involvement component. The blueprint calls for considerable involvement of families, neighborhoods, schools, churches/synagogues, peer groups, occupations, and community groups. Contacts: William P. (Bill) Johnson, SSA Director, Alcoholism & Drug Abuse Section, Division of Mental Health and Retardation, Department of Human Resources, 618 Ponce De Leon Ave., NE., Atlanta, Ga. 30308. (404) 894-4785. Gene Slade, Atlanta Crime Commission, (404) 624-6487.

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Another voluntary effort toward prevention of the drug problem in Georgia is also being exported across State borders. The Junior League of Atlanta initiated a new drug abuse prevention program, GATE (Gain Awareness Through Education). This primary prevention approach trains volunteers with an intensive course that combines learning up-to-date factual information about drugs and their effects and public speaking that prepares volunteers to make presentations to school children in grades three through eight, and also to speak to adult groups. In a process designed to expand the numbers of trained volunteers, the Junior League of Atlanta began introducing the GATE project to Junior Leagues in other States. In January 1982 the Junior Leagues of Atlanta, Cobb-Marietta, and DeKalb County joined forces to train members of Junior Leagues from 28 States. The GATE project is now in various stages of development by Junior Leagues cross-country. The GATE Program at the East Rivers Elementary School in Atlanta was one of the drug abuse prevention programs visited by First Lady Nancy Reagan in early 1982. GATE's logo, a smile button encircled with the slogan "Drug Free Proud To Be" is rapidly becoming a familiar national symbol. Contact: Molly D. Smith, Chairman, GATE, The Junior League of Atlanta, 3154 Northside Parkway, NW., Atlanta, Ga. 30327. (404) 261-7799.

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In Virginia, as in Georgia, a local initiative is creating an intentional ripple effect in drug abuse prevention, also using the tactic of intensive training of volunteers who go on to train other volunteers. The City of Virginia Beach through its Comprehensive Substance Abuse Program's Community Training Component (CSAP-CTC) has designed training courses that aim at multiplying prevention services in the community. Some examples:

- Three local agencies (CSAP-CTC, 4-H, and the city health department) collaborated to sponsor "The Courage To Be," a life skills development program for children ages 10-12.
- Helping Others Prevent Problems (HOPP) is a joint program of CSAP-CTC and Junior Girl Scouts. CSAP-CTC trained 16 Junior Girl Scouts, ages 11-13, in peer facilitation skills so that the older girls could work with Brownies, ages 6-8. The first round of trained Junior Girl Scouts accrued 275 hours of volunteer time that earned them badges for community service. HOPP is continuing ongoing training for Junior Scouts, and the "graduates" are assisting in the training.
- Responding to a call for help from parents in the Carper Navy Apartments in Virginia Beach, CSAP/CTC collaborated with parents in developing a Substance Abuse Prevention Team (SAPT) and a teen facilitation training called Face-It. SAPT is an all-volunteer effort that offers three classes a year of 10 sessions each to approximately 15 adults per class. The trained parents help their fellow residents recognize and deal with drug and alcohol problems in their community.
- Another multiagency cooperation involved the Kiwanis Club in sponsoring a "Prevention Van." The van (a loan from the Virginia Alcohol Safety Action Program) supplied handouts, posters, bumber stickers, and displays inside and outside the van. Regularly scheduled visits of the van were made to each school in the city for several days at a time. The van, with its interesting reading materials and

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giveaways, made possible the incorporation of substance abuse prevention concepts into the school health curriculums.

CSAP/CTC is active in the Tidewater Committee on Substance Abuse (COSAP), a coalition of eight substance abuse agencies which provides one representative to devote time and energy to the Committee. Active since 1977, COSAP acts as one body, sharing program news and resources. It designs and implements regional prevention projects and continually networks for member agencies, providing consultation to other community groups and serving a network function among them. COSAP has developed many training programs, one of which is a 2-day training in generic prevention for youth care givers. The training, "Prevention: A Youthful Approach," is offered to professional youthworkers, paid staff, and volunteers and clergy from churches and synagogues. CSAP and COSAP have used such NIDA-generated publications as *Parents, Peers, and Pot* **and the Elder-Ed program** *Using Medicines Wisely* **in developing their training materials and curriculums. *Contacts:* Mary Crozier, CSAP/CTC, Primary Prevention and Training Specialist, Virginia Beach Comprehensive Substance Abuse Program, Pembroke Six, Suite 218, Virginia Beach, Va. 23462. (804) 497-4829, and Nancy Fisher, Associate Director, Tidewater Council on Alcoholism, 6510 Granby St., Suite #4, Norfolk, Va. 23505. (804) 588-1495.**

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Partners, Inc. is a private sector initiative that involves the business community in helping meet the needs of troubled youth in the community. Through the Partner concept, corporations, foundations, and individuals have consolidated and channeled their financial contributions, business expertise, and talents. The guiding idea is the creation of partnerships that match adult volunteers with young people in need of a relationship with a caring adult.

Drug and alcohol problems are one dimension of the Partners program, for which a substance abuse prevention/intervention strategy has been adapted, using life skills training that enables the Senior part of the partnership to work more effectively with their Junior partners. The training stresses an approach that takes into consideration the whole child. The Seniors become acquainted with the young person within the context of his or her family and life situation, and can help the child to cope with the problems specific to the child or youth.

Partners has designed a feasibility study to assist communities in analyzing their problems. The study suggests alternative solutions and ways to mobilize resources. *Contact:* Joan Keane, Director of Program Operations, Partners, Inc., 1260 West Bayaud Ave., Denver, Colo. 80223. (303) 777-7000.

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PREVENTION RESEARCH *(Continued from page 7)*

months. The content of the sessions is based on three components: bicultural training, family development, and drug use/abuse education.

The effectiveness of the modality is currently being assessed in a 3-year NIDA prevention research study. The FET curriculum and preliminary findings are available by request. ***Contact:*** David Santisteban, Ph.D., Project Director, Spanish Family Guidance Center, 747 Ponce de Leon Blvd., Suite 303, Coral Gables, Fla. 33134.

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Final Evaluation Report, Children's Health Education Program (CHEP). Tampa, Florida, June 1982. Evaluators: Susan Douglas Turner, Ph.D., Coordinator, Department of Testing and Evaluation, and John A. Hilderbrand, Ph.D., Director, Hillsborough County (Fla.) Public Schools.

The program evaluation conducted during the 1981–1982 school year addressed three questions:

- What is the effect of the Children's Health Education Program on students' knowledge of drugs, alcohol, tobacco, and decision-making processes?
- Do students retain this knowledge over time?
- What are the long-term effects of the CHEP program on selected aspects of student behavior (i.e., substance-related discipline offenses in the schools)?

Results of the program evaluation lead to the following conclusions:

- During the 1981–1982 school year, instruction provided by the Children's Health Education Program made a substantial difference in students' knowledge about drug-related concepts and decision-making processes.
- After cessation of program instruction students retained this knowledge over a 6-month period.

Students who received instruction in the CHEP program as sixth graders in 1980–1981 committed significantly fewer substance-related offenses as seventh graders than students who did not receive instruction in the CHEP program.

During the school year, 10,706 sixth graders participated in the program, receiving 17 hours of instruction each. For a copy of the evaluation and information about the 1982–1983 program, contact Elizabeth S. McConnell, M.R.C., Program Director, Children's Health Education Program, C.E. Mendez Foundation, Inc., P.O. Box 10059, Tampa, Fla. 33679.

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Spotlighting Strategies: CATALYZING NEIGHBORHOODS/ "ENABLING" IN KALAMAZOO, MICHIGAN

Human service providers trying to maintain the quantity and quality of services under block grants and with dwindling local revenues are looking for ways to stretch resources and release resourcefulness to meet local program needs. In many places, such relatively new social programs as drug and alcohol abuse prevention are in jeopardy when budgets are cut unless a strong coalition exists to safeguard prevention programs. In other places, prevention does not appear as a separate line item in drug and alcohol programs, and it is therefore up to local citizens to see that drug abuse prevention programs are maintained.

In Kalamazoo, Michigan, drug and alcohol abuse prevention exists within the context of community services available through the structures of neighborhood centers operating under the Housing and Urban Development Community Assistance Program. Seven subsections of Kalamazoo have their own centers operated by paid and volunteer staff trained in community development. These neighborhood centers have been the focuses for leadership skills training and for the recruitment and training of volunteers from all levels of society and age groups.

As a distressed city in a distressed State, Kalamazoo had cause for concern that its basic human needs would be far greater than the resources available under block grants. As coalitions were formed on the county and State levels to work for maximizing funds and minimizing suffering and for making the most fair judgments about how the new budgets would be cut, human service providers in Kalamazoo, as elsewhere, began planning ways they could help to make the transition smooth as they learned to do more with less money.

In 1981 the Voluntary Action Center staff in Kalamazoo began working with the neighborhood center staffs to prepare for the inevitable hard times ahead by strengthening their networks, mobilizing their advocacy and survival skills, and looking for ways to cut costs but not services.

The specter of neighborhood against neighborhood in a no-win competition for scarce funds moved the staff of the centers to cooperate in a networking process that would seek to involve as many citizens as possible in the process of directly meeting the needs of people in their neighborhoods. Their experience in volunteerism was rooted in tradition and an experimental citywide program known as "Operation Involvement," which was Kalamazoo's response in 1972 to the decentralization and revenue sharing of the Nixon Administration.

"Operation Involvement" had been simple, feasible, and cost-efficient. Directed by the City's Department of Community Relations and working through neighborhood centers, the project was a catalyst for bringing together practically every able-bodied adult and child in an annual springtime event that combined spring housecleaning, neighborhood beautification and cleanup, and moving day. What families, agencies, and businesses no longer needed in the way of material goods were recycled to those with needs. Neighborhood groups and businesses also were encouraged to "adopt" such publicly owned facilities as playgrounds, parks, bus-stop shelters, and other spaces to be cared for cooperatively all year.

The adoption idea had become popular, and the Mayor's office institutionalized it with a "gift catalog" in which was listed many things and services needed by the city. Local businesses and other citizens were invited to sign up for donating the materials and services to the city as gifts.

Operation Involvement gained national attention in the 1970's. One of the people who visited Kalamazoo to take a look at the process was Dr. Ivan Scheier, a nationally known expert on volunteerism, citizen participation, and community development. He had been helpful and impressed.

Recalling Dr. Scheier's success in working with people in distressed economic circumstances, the neighborhood centers' staff and other agencies that work with volunteers, organized a cadre of 25 persons to invite Dr. Scheier to come back to Kalamazoo and help them launch a Neighborhood Enabling Project that would help change the climate of dread that was evident as more and more layoffs and plant closings occurred. Each of the cadre contributed $50 toward travel and other expenses to bring Dr. Scheier to town for a week. Dr. Scheier generously waived his consultant fee. As one who often travels throughout the United States and foreign countries as a consultant, he goes to Kalamazoo, he says, "to meet the future. Kalamazoo is always doing now what other places will be doing five years from now."

The Neighborhood Enabling Project cadre, already trained in community development, was trained in the enabling process by Dr. Scheier on Day One. For the following four days, Dr. Scheier facilitated mini-workshops for neighborhood leaders and volunteers. On Day Six, Scheier ran a two-session workshop for the neighborhood center staff, and neighborhood people from all sectors of the community. At $5 for the workshop, many people of low income were able to attend. Mayor Caroline Ham was also a participant. The entire workshop was filmed by a local cable television station that made the videotape available at no cost for future workshops to carry on the concept.

(Continued on page 15)

Networking: ALLIES IN PREVENTION

Community and neighborhood networking and Federal/State cooperation are crucial during this trying period when providing basic human services is becoming a huge responsibility for State and local policymakers and decisionmakers charged with budgetary powers. At this time, when the concept of prevention has gained articulate support on all levels of governance and health policymaking, the outlook for funding of programs in the drug and alcohol abuse prevention and mental health fields is not reassuring. Prevention professionals and voluntary advocates for prevention can use all the help they can get. Government and non-government agencies are working together in many ways to help States and communities maintain programs that have been found to be valuable assets for channeling human energies and resources into positive forces for the development of healthy individuals, families, and communities. The following listings do not begin to cover the variety of coalitions and networks that are concerned with the survival of prevention programs.

Advisory Commission on Intergovernmental Relations (ACIR), Washington, D.C. 20575. (202) 635-5536.

- ***The States and Distressed Communities,*** June 14, 1982. Report of the ACIR and staff of the National Academy of Public Administration, the second in a series of annual analyses of State actions.
- ***Intergovernmental Perspective,*** Vol. 8, No. 2, Spring 1982, special issue, "Perspectives on a New Day for Federalism."

Institute for Information Studies, 200 Little Falls St., Suite 104, Falls Church, Va. 22046.

- ***Proceedings of the Second National Network-Building Conference for Coordinating Human Services at the Local Level,*** June 10-11, 1981, San Francisco, Calif. 40 pp. The conference brought together representatives of state and local governments, private voluntary agencies, corporations, and foundations to share information on the changing roles of Federal, State, and local human service agencies.
- ***The Contingency Planning Process of Columbus/Franklin County, Ohio.*** 22 pp. The contingency planning process was conducted under the auspices of the Metropolitan Human Services Commission, 360 South Third St., Suite 305, Columbus, Ohio, 43215, (614) 224-1336. An analysis of the impact of funding reductions on clients, neighborhoods, services, and agencies was conducted, together with an analysis of the changes in service requirements resulting from the block grant method of distributing Federal funds. This report documents one example of how a community can work collaboratively to respond to increasing fiscal constraints.
- ***Highlights, Developing Public/Private Partnerships in Human Services: A Conference.*** 36 pp. $6.

Alliance of Information and Referral Services (AIRS), P.O. Box 10705, Phoenix, Ariz. 85064. (602) 263-7857.

- A network to increase use of information and referral services in community and human services work. AIRS has a national directory of information and referral services.

Consortium of Social Science Associations (COSSA), 1775 Massachusetts Ave. N.W., Suite 300, Washington, D.C. 20036. (202) 234-5703. Dr. Roberta Bolstad Miller, Executive Director.

- COSSA focuses on the legislative and executive branches' actions, policies and programs that affect research in the social and behavioral sciences.

National Center for Health Education, 211 Sutter St., San Francisco, Calif. 94108. (415) 781-6144. Merlin K. DuVal, M.D., President.

- The School and College Initiative, funded by W. K. Kellogg Foundation (February 1981-January 1984) to expand and improve school health education at all educational levels, serves as a catalyst for cooperative and collaborative linkages, networking and interfacing in a variety of ways among groups and individuals in both public and private sectors. SCI assists State and local-level organizations and individuals to identify their specific needs and to take the necessary steps to meet them. Challenged by the shift of funds for both education and health programs from Federally-administered categorical grants to State-administered block grants, Dr. DuVal has corresponded with all State governors, requesting they earmark funds for health education and pointing out the efficiency of coordinated planning and activities by both State education and State health departments in using a prevention approach.

Networking: ALLIES IN PREVENTION

The National Collaboration for Youth, affiliate project of the National Assembly of National Voluntary Health and Social Welfare Organizations, 1666 Connecticut Ave. NW., Suite 405, Washington, D.C. 20009. (202) 462-2431.

- Collaborators include Girl Scouts, Boy Scouts, Camp fire, Girls' Clubs, Boys' Clubs, Big Brothers, Big Sisters, YMCA, YWCA, Future Homemakers of America, 4-H, National Red Cross, United Neighborhood Centers of America, and the National Network of Runaway and Youth Services.

Boy Scouts of America, P.O. Box 61030, Dallas/Ft. Worth Airport, Tex. 75261. (214) 659-2000.

- More than 3 million boys and a million adults keep this positive force going in communities across the country. Its education program focuses on character development, citizenship training, and optimal physical, mental, and emotional development for youth.

Boys' Clubs of America, 771 First Ave., New York, N.Y. 10017. (212) 557-7757.

- This national organization provides support services to local affiliates in all 50 States and some Territories. Local Boys' Clubs offer a variety of programs for youth, based on the needs of the community.

Girls Clubs of America, Inc., 205 Lexington Ave., New York, N.Y. 10021. (212) 689-3700. National Resource Center, 441 West Michigan St., Indianapolis, Ind. 46202. (317) 634-7546.

- This national youth service and advocacy agency has about 250 affiliates in 128 cities serving nearly 220,000 girls. In recent years its program has expanded to include such current issues as alcohol and drug abuse, career development, sexuality education, and the rights of youth. The Resource Center in Indianapolis is an information and research facility on programs for girls.

Girl Scouts of the USA, 830 Third Ave., New York, N.Y. 10022. (212) 940-7500.

- National membership is more than 2½ million girls and half a million adults. Focus is upon inspiring girls to become resourceful citizens. Program expands personal interests, provides new skills, helps girls explore careers and serve communities.

National PTA, 700 North Rush St., Chicago, Ill. 60611. (312) 787-0977.

- Drug abuse prevention continues as a major concern of PTA. The new focus includes positive home environments for children in addition to quality education in schools. Through issue identification, advocacy, and networking, the PTA works with parents to become effectively involved in matters concerning public education and the daily lives of children.

National Committee for Prevention of Child Abuse (NCPPCA), 332 South Michigan Ave., Suite 1250, Chicago, Ill. 60604. (312) 663-3520.

- All too often child abuse follows drug abuse. Since its founding in 1972, NCPPCA has worked to involve citizens in the prevention of child abuse—with an emphasis upon primary prevention. Its program consists of public awareness and education, a national volunteer network, primary prevention projects, publications, technical and consultative assistance, and advocacy. Catalog of publications available.

School-Age Child Care Project (SACCP), Wellesley College Center for Research on Women, Wellesley, Mass. 02181. (617) 235-0320, Ext. 781 or 785.

- SACCP has developed programs that provide care for school-age children before and after school hours, using community resources. The project offers technical assistance in developing and organizing a program, including budget design and identification of possible funding resources.

National Youth Work Alliance (NYWA), 1346 Connecticut Ave. NW., Washington, D.C. 20036.

- A national training, resource, and membership organization representing agencies serving youth and their families. Associate membership at $95 a year brings you and your agency First Class Mail subscriptions to the monthly newsletters, ***Youth Alternatives, Washington Update,*** and ***Legislative Alerts,*** discounts on conferences, seminars, symposia, and all new Alliance publications, and priority access to resources of the staff in such areas as program models, innovative services, fundraising, and research.
- ***Youth Alternatives,*** monthly, $46 organizational rate, plus $5 for First Class Mail delivery.

National Center for Citizen Involvement, Volunteer Readership Service, Box 1807, Boulder, Colo. 80306.

- A group of national volunteer organizations pooled resources and expertise to create a set of working tools to match systematically personal and organizational priorities. Participating organizations included the American Red Cross, Girl Scouts of America, the YWCA and YMCA, Association of Junior Leagues, Association for Volunteer Administration, National Center for Citizen Involvement, and the National Council of Jewish Women. The materials developed are available from the above address:
  - ***"I Can" Adviser's Manual.*** $1.55
  - ***"I Can" Administrative Guidelines.*** $2.40
  - ***"I Can" Workbook.*** $3.50.

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Pyramiding Resources

National Clearinghouse for Drug Abuse Information, P.O. Box 416, Kensington, Md. 20795.

- ***Manual for Working with Parents of Adolescent Drug Users,*** by David N. Nurco, Norma Wegner, and Philip Stephenson. 1982. 21 pp. This monograph in the Treatment Research Report series is based upon papers and discussions from the Research Analysis and Utilization System (RAUS) Review Conference on Drug Abuse and the American Adolescent held September 8, 1980 in Rockville, Md. This manual is designed to assist community service agencies and parents in the formation and operation of self-help groups.
- ***Drug Abuse and the American Adolescent,*** NIDA Research Monograph 38, a RAUS Review Report. Dan J. Lettieri, Ph.D., and Jacqueline P. Ludford, M.S., eds. This Research Monograph, also based upon papers presented at the above conference, is a good overview of the knowledge gained and researched needed in areas covered by the Review group. An overview by Denise B. Kandel, Ph.D., provides background and perspective for the papers that follow:
  - Epidemiology of Drug Use Among Adolescents, by Judith Droitcour Miller, M.A.
  - Personality and Sociodemographic Factors in Adolescent Drug Use, by Kelin E. Gersick, Ph.D., et al.
  - From Family to Peer: Transitions of Influence Among Drug-Using Youth, by Thomas J. Glynn, Ph.D.
  - The Delinquency and Drug Use Relationship Among Adolescents: A Critical Review, by Richard R. Clayton, Ph.D.
  - Adolescents and Drug Abuse: Biomedical Consequences, by Sidney Cohen, M.D.
  - Executive Summary, Discussion, and New Directions for Research, by Robert Russell, Ph.D.
- ***Ethnography: A Research Tool for Policymakers in the Drug and Alcohol Fields.*** Services Research Branch. 1980. 128 pp. This monograph represents the state-of-the-art of ethnography in drug and alcohol research in 1979. Papers and workshop summaries of a symposium that brought together 30 ethnographers and an equal number of policymakers from single State agencies along with NIDA officials, local government representatives, and representatives from the National Association of State Alcohol and Drug Abuse Directors. Carl Akins, Ph.D., in the preface, notes: "Ethnographic studies are frequently quicker than surveys or other types of data gathering operations, especially if ethnographers are already working in an area. In addition, the ethnographer whose sole business is to 'work the streets,' for information can provide information that is less biased (or at least has different biases) than similar street information provided by program operators who also are close to what is happening in the streets. Ethnographers, who are by definition trained observers, recorders, analysts, and reporters of a volume of information which appears to be anecdotal, can also bring greater understanding to the dry numbers of surveys and secondary statistical sources. Thus ethnographic studies can not only increase the speed with which information is provided, but can also do much to increase the accuracy of the information." The volume includes a paper, "What Is Ethnography?" by James M. Walters, Ph.D.
- ***Marijuana and Youth: Clinical Observations on Motivation and Learning.*** 1982. 120 pp. In his foreword, William Pollin, M.D., Director, NIDA, notes the timeliness and usefulness of this volume, following upon recent reports from the Addiction Research Foundation in Toronto and a study by the Institute of Medicine, National Academy of Sciences, all assessing the health-related effects of marijuana use. "At this point in the development of our knowledge, it is best to plan action from an integrated data base—one that adds to the scientific literature the many thoughtful observations of parents, teachers, and clinician," concludes Pollin.
- ***Preventing Drug Abuse in the Workplace,*** by Judith R. Vicary, Ph.D., and Henry Resnik, M.A. Drug Abuse Prevention Monograph Series, 1982. 47 pp. Designed to help employers, employees, managers, and union officials develop effective policies and programs to prevent drug and alcohol abuse and other health problems.

Health Communications, Inc., 2119-A Hollywood Blvd., Hollywood, Fla. 33020. (305) 920-9435.

- ***Parents, Peers, and Pot: An Update.*** $1 single copy, discounts for bulk orders: 100-500, 20 percent; 500-1000, 30 percent; 1000 or more, 40 percent. This condensed, revised version of the original booklet written by Marsha Manatt for the National Institute on Drug Abuse includes information drawn from continuing medical research not available when the original booklet was published in 1979. Two rules are proposed for parents: "Don't be afraid to be a strong parent" and "Don't be afraid of your children." The book's answer to the issue of whether children should have the right to choose to use drugs is a straightforward "no."

Human Sciences Press, 72 Fifth Ave., New York, N.Y. 10011.

- ***Addictive Disorders Update: Problems of Industrial Psychiatric Medicine,*** Series Editor, Pasquale A. Carone, M.D. Volume VII: ***Alcoholism, Drug Abuse, Gambling,*** Pasquale A. Carone, M.D., Stanley F. Yolles, M.D., Sherman N. Kieffer, M.D., and Leonard W. Krinsky, Ph.D., eds.

National Highway Traffic Safety Administration, 400 Seventh St. SW., Washington, D.C. 20590. (202) 426-1828.

- ***A Report to Congress: Marijuana, Other Drugs, and Their Relation to Highway Safety.*** 1980. 36 pp.
- ***Visual Detection of Driving While Intoxicated. An Explanation of the DWI Detection Guide.***
- ***Three Ways to Keep a Friend.***
- ***An Activist's Guide for Curbing the Drunk Driver.***

Pyramiding Resources

Center for Early Adolescence, School of Public Health, University of North Carolina at Chapel Hill, Suite 223, Carr Mill Mall, Carrboro, N.C. 27510. (919) 966-1148.

- ***Early Adolescence and Religion: A Status Study,*** by Anita M. Farel. 1982. 45 pp. $5, including postage. The Center brings together information about 10- to 15-year-olds of importance to various professionals who deal with young people. Religion has only recently become a major concern of the Center. This report on the first phase of the Center's project, "Early Adolescence and Religion: Serving Families and Communities," deals with developmental issues, provides a summary overview of the literature on adolescence and religious attitudes, and notes the strengths and weaknesses of research and theory about adolescent involvement in religion. It also reports descriptively on practical, successful religious programs for young adolescents that can serve as models.
- ***Early Adolescence: A Resource Directory.*** 1981. 51 pp. $2.

Sadlier, a division of William H. Sadlier, Inc., 11 Park Place, New York, N.Y. 10007. (212) 227-2120.

- ***Hope for Families,*** by Margaret M. Sawin, Ed. D. Foreward by Virginia Satir. 1982. 288 pp. $7. Dr. Sawin's second book on family clustering reports on successful experiences in churches and church schools, ecumenical family clusters, those outside continental U.S., and family clusters adapted to various settings.

Winston Press, 430 Oak Grove, Minneapolis, Minn. 55403, or Publications for Parents, 2531 Neff Road, Dayton, Ohio 45414. (513) 276-5631.

- ***Steering Clear: Helping Your Child Through the High-Risk Drug Years,*** by Dorothy Cretcher. 1982. 112 pp. $4.95. In his foreword, Sidney Cohen, M.D., notes that the information is accurate and the guidance for parents is reasonable and balanced.

Institute for Responsive Education (IRE), National Commission on Resources for Youth (NCRY), 605 Commonwealth Avenue, Boston, Mass. 02215. (These two organizations are now operating out of the same office.)

- New from IRE:
  - ***Action for Educational Equity: A Guide for Parents and Members of Community Groups,*** by James Crowfoot, Bunyan Bryant, and Mark Chesler. 1982. 184 pp. $9.
- New from NCRY:
  - ***Evaluating Youth Participation: A Guide for Program Operators,*** by Patricia Campbell. $5.
  - ***Youth Empowerment: A Training Guide,*** by Michele Whitham. $5.

Alcohol, Drug Abuse, and Mental Health Administration, Room 13C15, 5600 Fishers Lane, Rockville, Md. 20857.

- ***Proceedings, Conference on Alcohol, Drug Abuse, and Mental Health Promotion/Prevention at the Worksite, June 16 and 17, 1981, Washington, D.C.*** The big question the Conference addressed was, "How can efforts to prevent alcohol, drug abuse, and mental health problems be made a more significant part of the broader movement to promote health and prevent disease at the worksite?"

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KALAMAZOO (Continued from page 11)

What Is Enabling?

Enabling is a term borrowed from the language of therapy to describe experiences that give individuals a sense of power or control over their lives. Enablers are those people in the community who can help others develop initiative and make decisions in planning and conducting activities and projects. The kind of training that turns neighbors into enablers can also turn receivers into givers. The guiding idea is that everybody has something to give. Furthermore, the premise holds, everybody can be motivated to give. There are many different motivations for giving, or volunteering, and the participants were given a full spectrum of "hows" to release the resources and resourcefulness of their neighbors.

Enabling takes neighborliness beyond the confines of the neighborhood. It becomes a process by which residents of a whole city can become like neighbors to one another, and a way to connect those with something to give to those with a specific need for the gift or service.

In Kalamazoo, the process makes it possible for government agencies, nongovernmental service agencies, volunteers, and the business community to work more closely together to release the potential for helping one another, and for turning into volunteer persons normally considered clients or target populations.

Background Readings:

Ivan H. Scheier, *Exploring Volunteer Space—The Recruiting of a Nation.* 1980. 200 pp. $10.95
Meanwhile, Back at the Neighborhood. 62 pp. $3.50
The Bridge: A Guide for Networkers. $3.50
The New People Approach Handbook. $5.
The above titles are available from Yellowfire Press, 3635 Buckeye Court, Boulder, Colo. 80302

Contacts: **Claren Schweitzer, Executive Director, The Voluntary Action Center, 340 North Burdick, Kalamazoo, Mich. 49007. (616) 342-0233. Ivan H. Scheier, Sugarloaf Star Route, Boulder, Colo. 80302. (303) 444-2869 or (303) 443-5716.**

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